



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY

89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000

Telephone 518-474-3817, ext. 130

Fax 518-473-6995

E-mail: pharmbd@nysed.gov

Web: www.op.nysed.gov

NAME TO REGISTER: _____

CHECKLIST FOR PRELIMINARY REGISTRATION OF A PHARMACY

Please use this form as a check off list to indicate what is enclosed. Make a copy and return this list with the application.

- _____ 1. Completed "Application for Initial Registration or Transfer of Ownership of Pharmacy" Form (PH-200)
- _____ 2. Completed "Pharmacy Information Form" (PH-210)
- _____ 3. Complete diagram on PH-210. Total registered pharmacy area is indicated by highlighting in yellow. Compounding and Dispensing Area is indicated by highlighting in a contrasting color. (**CIRCLE IN RED INK THE REFRIGERATOR AND SINK IN THE DISPENSING AREA. INDICATE BATHROOM IN RED PEN.**)
- _____ 4. Check for \$345.
- _____ 5. The Certificate of Incorporation (corporation) or Articles of Organization. (LLC) or Partnership Agreement, stating the name and purpose of the corporation/ LLC/ partnership. (**THIS IS THE NAME YOU MUST REGISTER. PLEASE IDENTIFY YOUR ESTABLISHMENT BY THIS NAME WHENEVER YOU CORRESPOND WITH THIS OFFICE.**)
- _____ 6. Filing Receipt from Secretary of State for Certificate of Incorporation or Articles of Organization
- _____ 7. Copy of the Federal Tax ID form CP-575
- _____ 8. Documentation/ Minutes indicating the officers or partners. (please highlight this area of the document or minutes)
- _____ 9. Documentation/Minutes indicating the stock distribution, number of shares must be shown for principal owners of more than 10% of stock. (please highlight this area of the minutes)
- _____ 10. Copies of signed and dated issued share certificates.
- _____ 11. Photo ID's: copy of (Driver's License or Passport) of owners/officers/partners
- _____ 12. Certificate of Occupancy (**Staple All Photos to an 8 1/2 by 11 typing paper**)
- _____ 13. Photo of all outside signs on the registered establishment.
- _____ 14. Photo of the **REGISTERED NAME OF THE CORPORATION, LLC OR PARTNERSHIP ON THE EXTERIOR.**
- _____ 15. If registered as a Department, photos of the department with gates open and closed.
- _____ 16. Final label with **REGISTERED NAME OF THE CORPORATION, LLC OR PARTNERSHIP.**
- _____ 17. Deed, lease or assignment of lease must be to the registered name of the corporation, LLC or partnership.

IF A LEASE IS TO A PARENT COMPANY OR PREVIOUS OWNER:

- _____ Assignment of lease for the premises where applicable to the **NAME OF THE CORPORATION YOU ARE REGISTERING.**

TRANSFER OF OWNERSHIP:

- _____ "Bill of Sale" before the registration can be issued. Buyer and seller must sign "Bill of Sale"
- _____ Merger requires legal papers indicating the merger
- _____ Transfer of ownership to an estate requires a letter of testamentary or letter of administration from the Surrogate's Court.
- _____ Notify the Bureau of Narcotic Enforcement of this transfer of ownership.
- _____ Correct all outstanding controlled substance data submission errors 30 days prior to planned closing date.
- _____ **Note:** Contact BNE at narcotic@health.ny.gov or call (866) 811-7957 for assistance.

BUSINESSES USING AN ASSUMED NAME:

- _____ Certificate of Assumed Name.
- _____ Filing Receipt for Assumed Name.

OUT OF STATE BUSINESS:

- _____ Authority to do business in New York State
- _____ Filing receipt for authority to do business in New York State
- _____ Filing Receipt to do business in the state of origination.

At this time we suggest you initiate requests for a Medicaid provider number from the Department of Health and contact DEA for your DEA number.

You will be notified by mail regarding the inspection of the pharmacy.