



STATE OF MAINE BOARD OF PHARMACY

Application and applicant information to assist in completing your application

Pharmacy

READ THIS CAREFULLY

Please do not submit a partially completed application, including failure to submit all required supporting documents, your application will not be accepted and will be returned. Fees are nonrefundable, including applications that are incomplete. You will be required to submit a new application together with the fee. Only fully completed applications will be accepted.

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY/Hearing Impaired 1-888-577-6690
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: pharmacy.lic@maine.gov

INFORMATIONAL

- ✓ Receipt of your application does not constitute entitlement to begin to do business in Maine. While applications are logged in as 'pending' this does not mean a license has been issued. You must hold an active license in order to do business in Maine. Processing time depends greatly on the completeness of your application.

- ✓ Please do not call our office regarding the status of your application as numerous calls will delay the timeliness of processing applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

- ✓ If there is an urgent need to contact us, please be advised that we will only discuss your application with the contact person named in the application to avoid miscommunications. This is done not only for your protection, but to also avoid any complications with too many hands involved, which generally leads to miscommunication or misunderstandings. Our goal is to streamline your process, not complicate it.

- ✓ Once your license is issued it is immediately visible online with an "active" status and you may begin to operate. Please be advised that licenses are printed off site and require at least 14 business days for delivery.

- ✓ Incomplete applications or documents that have been modified or altered in any way, including use of a white out substance will not be accepted and will be returned.

LAW AND BOARD RULE REFERENCE

Information contained in this application is not a substitute for carefully reviewing applicable laws and rules. You may obtain a copy of the laws and board rules online at www.maine.gov/professionallicensing—click on 'professions and occupations' then scroll to and click on 'pharmacy' which will bring you to the Board of Pharmacy web page. Please use the topic selection grouping in the blue panel to the right of your screen.

Notwithstanding, please pay particular attention to the following:

- 32 MRSA c. 117, Subchapter 5

- Board Rules, Chapter 8

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

SECTION 1: TYPE OF APPLICATION

- Initial Application Change of Ownership Change of Location

Date of change _____

Previous License Number: _____
(this license will be terminated upon issuance of new license)

Important, please read: Refer to 32 MRSA §13752, Sec. 3. Please note that a license is not transferrable to another owner or a new location and is subject to a new application and licensure before you begin to operate under new ownership or in a new location.

SECTION 2: CONTACT INFORMATION *(person responsible for completing and submission of application must be an owner or officer of the entity).*

Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
Telephone Number	E-mail Address		
()			

SECTION 3: COMPANY INFORMATION

Name of Pharmacy	
Pharmacy Telephone Number	Pharmacy Fax Number
()	()
E-mail Address	
Web Address	
All Trade Names or Business Names of the Pharmacy	
DEA #, when obtained	
* Important Notice: Upon issuance, this office will report the Maine pharmacy license number directly to DEA. It is your responsibility to complete and file the appropriate DEA application to secure a DEA #, and to report this number, in writing, to this office immediately upon receipt.	

INITIALS OF APPLICANT

SECTION 4: TYPE OF FACILITY

Please check all that apply to this pharmacy. This facility is a:

- Retail Chain
- Retail Independent
- Nuclear Pharmacy
- Long Term Care Pharmacy
- Opiate Treatment Program/Center
- Automated Dispensing
- Central Fill Pharmacy
- Central Fill Processing
- Compounding
- Hospital Pharmacy (other than in patient services)
- Free Clinic
- Veterinary or Animal Specialty Pharmacy
- Rural Health Center
- Other: _____

SECTION 5: HOURS OF OPERATION WHICH A PHARMACIST WILL BE ON DUTY

note a.m./p.m.

Day	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

SECTION 6: IF PHARMACY IS LOCATED WITHIN A RETAIL STORE, LIST RETAIL STORES HOURS OF OPERATION note a.m./ p.m.

Day	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

INITIALS OF APPLICANT

SECTION 6 Con't:

List the responsible Store Manager/ Director for this Location/ Direct Contact Information

Last Name	First Name	Middle Name
Title	Telephone Number(s)	
	()	()
E-mail Address		

SECTION 7: APPLICABLE ONLY TO CENTRAL FILL PHARMACY OR PROCESSING
(Ref. Chapter 21, Section 3)

A central fill drug outlet or central processing center that processes, fills or refills a prescription drug order must have a contract with or have the same owner as the retail drug outlet or other health care facility identified in Section 1(1) of this chapter from which it received the prescription drug order. The contract must include provisions that protect the confidentiality of patient information.

If applicable, does this entity have: (check one)

- A Contract or Have the same ownership

SECTION 8: OWNERSHIP. Please check one and complete the appropriate block below.

- Sole Proprietor (*complete section A*)
- Partnership (*complete section B*) - If your partnership consists of 2 corporations or more, you must submit a list of officers and an organizational chart.
- Corporation (*complete section C*) - If you are a corporation, which includes LLC, you must submit a Certificate of Existence from the State of origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For assistance, call (207) 624-7752. Please be aware the application to file for a certificate of existence is not evidence of having been issued a Certificate of Authority.

Section A - Sole Proprietor: (Please type or print legibly)			
Owner Last Name	First Name	Middle Name	
Social Security Number			
Name of Business Entity			
Contact Address	City	State	Zip Code
Telephone Number	Fax Number		
()	()		
E-mail Address	Website Address		

_____ INITIALS OF APPLICANT

SECTION 9: CONTINUED

Section B - Partnership: List the name and address of each partner (please type or print legibly).
Please see Chapter 8, Sec. 1(4)(A) (If you need more space please use separate sheet)

PARTNERSHIP INFORMATION:			
Name of partnership			
Contact Address	City	State	Zip Code
Telephone Number		FEIN Number	
()			
E-mail Address			

NAME AND CONTACT INFORMATION OF EACH PARTNER

Person Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Person Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Company Name			FEIN #
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Company Name			FEIN #
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

_____ INITIALS OF APPLICANT

SECTION 10 (Continued):

Section C - Corporation Ownership: Please include an organizational chart. (Please type or print legibly) <i>Please see Chapter 8, Sec. 1(4)(B)</i>			
Name of Corporation			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
FEIN #			
Contact Address of Corporation	City	State	Zip Code
Physical Address of Corporation	City	State	Zip Code
Telephone Number		Fax Number	
()			
E-mail Address		Website Address	
Corporate Registration Certificate Number	Issued Under What Jurisdiction	Date	
Contact Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Physical Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number	E-mail Address/ Website Address		
()			

INITIALS OF APPLICANT

SECTION 10-C (Con't): CORPORATION OWNERSHIP Please see *Chapter 8, Sec. 1(4)(B)*

Is this corporation's stock traded on a major stock exchange and not over-the-counter

YES NO If no, complete the section below—List the name and contact address of each shareholder owning 10% or more of the voting stock of the corporation, including over-the-counter stock. Use a separate sheet of paper if needed.

1. Last Name		First Name		Middle Name	
Address		City		State	Zip Code
E-mail Address			Telephone Number		
			()		
2. Last Name		First Name		Middle Name	
Address		City		State	Zip Code
E-mail Address			Telephone Number		
			()		
3. Last Name		First Name		Middle Name	
Address		City		State	Zip Code
E-mail Address			Telephone Number		
			()		
4. Last Name		First Name		Middle Name	
Address		City		State	Zip Code
E-mail Address			Telephone Number		
			()		

INITIALS OF APPLICANT

SECTION 10-C (Con't): CORPORATE OFFICER(S) AND DIRECTOR

1. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

2. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

3. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

4. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

INITIALS OF APPLICANT

SECTION 11: THIS SECTION TO BE COMPLETED BY THE PHARMACY OWNER OR OFFICER

<p>Have you or has any corporate officers, owners, or the designated officer of this entity been convicted of any criminal offense? If yes:</p> <ol style="list-style-type: none">1. Provide a <u>detailed explanation</u> in the offender's own words on a separate sheet of paper.2. Attach a copy of the <u>Court Judgment and Decision</u>.3. If a motor vehicle criminal offense, attach a copy of a recent motor vehicle report.	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has any state or territory of the U.S., province/territory of Canada, or any other jurisdiction EVER denied your application for any type of examination, professional license, certificate or registration, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)? If yes:</p> <ol style="list-style-type: none">1. List the jurisdiction(s) that denied your license or issued discipline and date of action: State/Jurisdiction _____ Date _____ State/Jurisdiction _____ Date _____2. Submit a copy of the consent agreement or decision and order for each of the above.3. Provide a detailed explanation in your own words on a separate sheet of paper.	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has <u>this entity</u> ever been denied registration by the U.S. Drug Enforcement Administration (DEA) or has this entity ever had a DEA Registration modified, restricted, suspended or revoked? Has any state or province denied, restricted, modified, suspended or revoked this entity's state permit to prescribe or dispense controlled substances? If yes:</p> <ol style="list-style-type: none">1. DEA action <u>OR</u> Other Entity (Name) _____2. Submit a copy of the official action by the entity.3. Provide a detailed explanation in your own words on a separate sheet of paper.	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

INITIALS OF APPLICANT

SECTION 12: FLOOR PLAN, ELECTRICAL AND PLUMBING, WATER SUPPLY, AND FACILITY APPARATUS AND EQUIPMENT

A. Floor Plan of Pharmacy

Submit scaled drawings and floor plans of the pharmacy which details the usage of each area. Please limit the copy of the floor plan to an 8"x11" or 8"x14" paper size if possible. If the pharmacy facility is part of a larger retail store, you must include an additional scaled drawing and floor plan of the entire establishment showing the relative position of the pharmacy and location of all entrances, exits, bathrooms, storage areas, security barrier, alarm and security camera. (See Board Rules, Chapter 8, Section 1(10))

Alert for future alteration of the prescription filling area.

Pursuant to Board Rules, Chapter 8, Section 7, a retail pharmacy may not alter the physical dimension of the prescription filling area or add or change the doors, windows or other means of access to the prescription filling area prior to receiving approval from the board. The pharmacy shall provide a scaled drawing of the proposed alteration at the time it requests approval.

B. Plumbing and Electrical Requirements

- All plumbing must be in compliance with the Maine Plumbing Code. Documentation certifying compliance by the city or town plumbing inspector is attached to my application.
- All electrical installations must be in compliance with the current edition of the National Electrical Code. Documentation certifying compliance by city or state electrical inspectors is required. A copy is attached to my application.
- Or proof of a Certificate of Occupancy.

C. Water Supply

- Public water supply
- Private water supply. Attach a copy of a recent satisfactory water test for private water sources only.

SECTION 13: NOTICES

10 Day Notification Requirement

This applicant/licensee must report in writing to the Board the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

INITIALS OF APPLICANT

**SECTIONS 14 thru
19 MUST BE
COMPLETED BY
THE PHARMACIST
IN CHARGE**

(32 MRSA §13702-A (23)) “Pharmacist in charge means the pharmacist who is responsible for the licensing of the pharmacy”

INITIALS OF APPLICANT

SECTIONS 14 thru 19 MUST BE COMPLETED BY THE PHARMACIST IN CHARGE (PIC)

SECTION 14: PHARMACIST IN CHARGE INFORMATION (32 MRSA §13702-A (23)) *“Pharmacist in charge means the pharmacist who is responsible for the licensing of the pharmacy,”*
THE BOARD OF PHARMACY HOLDS THE PIC RESPONSIBLE FOR ALL PHARMACY RELATED MATTERS.

Pharmacist in Charge Name			
Pharmacist License Number		Expiration Date	
Contact Address of PIC	City	State	Zip Code
E-mail Address			

SECTION 15: BOARD RULES CHAPTER 7 SECTION 3(3): Please list all pharmacy technicians* employed at the pharmacy. (Use separate sheet if necessary)

*This applies to pharmacy technicians who are properly registered with the Maine Board of Pharmacy as Pharmacy Technician, Pharmacy Technician Intern, or Pharmacy Technician Advanced. Please

1. Pharmacy Technicians Name	License Number	Expiration Date
2. Pharmacy Technicians Name	License Number	Expiration Date
3. Pharmacy Technicians Name	License Number	Expiration Date
4. Pharmacy Technicians Name	License Number	Expiration Date
5. Pharmacy Technicians Name	License Number	Expiration Date
6. Pharmacy Technicians Name	License Number	Expiration Date
7. Pharmacy Technicians Name	License Number	Expiration Date

 INITIALS OF APPLICANT

SECTION 16 DESIGNATION OF AUTHORIZED PERSONS (See Ref. Board Rule, Ch. 1, Sec. 1)

1. First Name	MI	Last Name	Date of Birth
Contact Address		Street or P.O. Box	
City	State	Zip Code	County
Position Title		Purpose	
2. First Name	MI	Last Name	Date of Birth
Contact Address		Street or P.O. Box	
City	State	Zip Code	County
Position Title		Purpose	

**DESIGNATION OF AUTHORIZED PHARMACY TECHNICIANS
(See Ref. Board Rule, Ch. 1, Sec. 2)**

Name	License Number
Name	License Number
Name	License Number

SECTION 17: THIS SECTION APPLIES ONLY TO REQUEST FOR WAIVER(S) (requirements listed in Board Rules Chapter 8 sec. 2):

Please check all that apply and attached a letter to demonstrate good cause for waiver requested.

- Minimum 200 square foot prescription filling area
- Minimum 40 hours per week of operation
- Practice by the pharmacist in charge at the drug outlet for which he or she has registered for a minimum of 30 hours per week or 50% of the hours that the retail drug outlet is open, whichever is less.

INITIALS OF PIC

SECTION 18: Pharmacy Self Inspection Checklist – Refer to Chapter 8, Sec. 1

THIS SECTION MUST BE COMPLETED BY THE PHARMACIST IN CHARGE (“PIC”) and who must affirm that the pharmacy named on this form is in compliance with Board Rules regarding the requirements for facilities, apparatus and equipment. This checklist must be completed and submitted with the Pharmacist in Charge Application.

1. Apparatus and Equipment

- Adequate lighting
- Sink with hot and cold running water
- Rest room facilities
- Refrigerator of adequate size to meet the need of the pharmacy
- Rx weights (if required by type of Rx balance used)
- Rx balance
- Spatula, non-metal (minimum of 1)
- Spatula, metal (minimum of 2)
- Mortar and pestle (minimum of 2)
- Graduates assorted (minimum of 4)
- Safety cap Rx containers in sufficient quantity to meet the need of the pharmacy
- Appropriate Rx labels
- Professional reference library, including drug interactions (in any format)

List the type of format at this pharmacy

- Current Maine pharmacy laws and rules (in any format)

List the type of format at this pharmacy

- Class 1000 Room Expiration date: _____
- Class 100 Hood Expiration date: _____

INITIALS OF PIC

SECTION 18: Con't Pharmacy Self Inspection Checklist

6. For Sterile Pharmaceuticals (if applicable)

Equipment – Reference Chapter 18, Section (2)A-H

- Space complies with Chapter 18 Section 3(1) of Board Rules
- Equipment – Class 1000 room
- Class 100 hood
- Sink with hot and cold running water which is convenient to the compounding area
- Appropriate disposal containers for used needles, syringes, etc., and if applicable, cytotoxic waste
- When cytotoxic drug products are prepared, appropriate environmental control which also includes appropriate biohazard cabinetry
- Refrigerator/freezer with a thermometer
- Temperature controlled delivery container
- Infusion devices, if appropriate

Supplies – Reference Chapter 18, Section 3(3)A-G

- Disposable needles, syringes, and other supplies needed for aseptic admixture
- Disinfectant cleaning solutions
- Hand washing agent with bactericidal action
- Disposable, lint-free towels or wipes
- Appropriate filters and filtration equipment
- Oncology drug spill kit
- Disposable masks, caps, gowns, and sterile disposable gloves

Reference Library – Reference Chapter 18, Section 4

- Sufficient and current reference materials related to sterile products

SECTION 19: PHARMACIST IN CHARGE INFORMATION

Check appropriate response to the questions below. Any YES response must be fully explained by written statement on a separate sheet of paper, signed and dated, and submitted with your application. **CRIMINAL BACKGROUND DISCLOSURE** *NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.*

<p>Have you, the Pharmacist in Charge, ever been denied registration by the U.S. Drug Enforcement Administration (DEA) or has this entity ever had a DEA Registration modified, restricted, suspended or revoked? Has any state or province denied, restricted, modified, suspended or revoked this entities state permit to prescribe or dispense controlled substances? If yes:</p> <p>1. DEA action or Other Entity (Name) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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INITIALS OF PIC

SECTION 19: Con't PHARMACIST IN CHARGE INFORMATION

<p>Have you, the Pharmacist in Charge, ever received a sanction from Medicare or from a state Medicaid program?</p> <p>1. Medicare OR Medicaid Program (State) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p> <p>Clarification on programs:</p> <ul style="list-style-type: none"> • Medicare – Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease. • Medicaid – Health program administered by the United States government for people with limited incomes. • MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you, the Pharmacist in Charge, ever been convicted by any court of any crime? If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has any jurisdiction taken disciplinary action against any professional license you, the Pharmacist in Charge, hold or have held, or denied your application for licensure? If yes, enclose a detailed explanation and copies of all documents.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Read the statement below and sign where indicated as your certification of the information provided on this application.

As the Pharmacist in Charge I certify by my signature that I have read and understand the Maine Board of Pharmacy laws and rules and related laws and rules as it applies to Pharmacy. I also certify that the management of the pharmacy will be vested with the pharmacist in charge in all matters directly or indirectly related to the practice of pharmacy or in any matters related to health, welfare, and safety of the public, as required by laws and rules.

Pharmacist in Charge Name (print legibly)	License number
Signature of Licensed Pharmacist in Charge	Date

By signing this self inspection checklist I, the pharmacist in charge, certify I have completed and verified all items checked on this checklist and affirm that the pharmacy is secure, in compliance with applicable State Laws and Rules, and Federal Laws and Rules, governing the practice of pharmacy and is suitable for operation as a pharmacy. By submitting this completed form, I understand that the Maine Board of Pharmacy will rely upon this information for issuance of the pharmacy license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of the pharmacy license and/or my license, if this information is found to be false.

PHARMACY—Checklist affirmation

Please check mark each box to affirm that you have enclosed the information and documents required for this application. This affirmation checklist does not replace the requirements outlined in the Board of Pharmacy Laws and Rules. Please review them carefully for more detailed and clarifying information. This checklist is designed as a tool to confirm that your application is complete and ready to forward to our office.

CHECKLIST—please checkmark as an indicator that you have completed the following.

- Each section of the application has been completed.
- Each page of the application, where noted, has been initialed.
- Signature present where noted.
- Check made payable to: Treasurer State of Maine in the amount of \$200.00 is enclosed, or Credit card authorization completed.
- Plumbing and Electrical Inspections.
- Satisfactory water test for private water source.
- Scaled drawing and floor plan.
- Waiver request if applicable.
- Company's organizational chart.
- A copy of the consent agreement or order issued by the Board or jurisdiction is enclosed if licensure discipline has been indicated.
- A copy of the Court Judgment and Decision is enclosed if convicted of a crime, including a written statement, in your words, regarding the details of the crime.
- If you are a corporation, which includes LLC, you must submit a Certificate of Existence from the State of origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required (see sample attached). For assistance, call (207) 624-7752. Please be aware the application to file for a certificate of existence is not evidence of having been issued a Certificate of Existence.

SECTION 20: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application.

By my signature, I hereby certify that the information provided on this application and in accompanying documents is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual. I affirm that I have provided an accurate list of all states in which I hold or have ever held a pharmaceutical license and any disciplinary action taken in another a state of jurisdiction. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false. I also acknowledge that an incomplete, altered, defaced, including use of white out, or compromised application will not be accepted and will be returned and fees forfeited. This includes, but not limited to, unanswered questions, lack of appropriate signature, illegible, missing supporting documents, and/or missing or wrong fee.

Printed Name of Applicant	Title
Signature of Applicant	Date
Signature of PIC	Date