

FOR OFFICIAL USE ONLY!	FOR OFFICIAL USE ONLY!
Application Complete: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: _____
Approved Registration: <input type="checkbox"/> YES <input type="checkbox"/> NO	LIC/REG NO: _____
	INITIALS: _____

Mail complete application and supporting documents to:
DC Health—Pharmacy
2201 Shannon Place SE, First Floor
Washington, DC 20020

PHARMACY LICENSURE APPLICATION

APPLICATION FEES ARE NON-REFUNDABLE

RETURN COMPLETED APPLICATION WITH REGISTRATION FEE MADE PAYABLE TO "D.C. TREASURER" TO 2201 Shannon Place SE, First Floor WASHINGTON, DC 20020
22 DCMR 1902.1 Licenses shall be issued for the following categories of pharmacies...except for nonresident pharmacies, which shall be required to register with the Department
22 DCMR 1902.2 A retail chain pharmacy with locations both in and outside of the District of Columbia (DC) shall obtain (a) a license for each location within DC and a registration pursuant of §1903 for each location outside DC

<p>CHECK ONE:</p> <input type="checkbox"/> Retail/Community Pharmacy <input type="checkbox"/> Nuclear Pharmacy <input type="checkbox"/> Institutional Pharmacy <input type="checkbox"/> Special or Limited Use Pharmacy <input type="checkbox"/> Nonresident Pharmacy	<p>CHECK ONE: DC Resident Pharmacy (Biennial Licensing Fee: \$900)</p> <input type="checkbox"/> Initial (Proposed date of opening _____) <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Pharmacy Name <input type="checkbox"/> Change of Pharmacy Location	<p>CHECK ONE: Nonresident Pharmacy (Biennial Registration Fee: \$900)</p> <input type="checkbox"/> Initial (Proposed date of opening _____) <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Pharmacy Name <input type="checkbox"/> Change of Pharmacy Location
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I. Changes to Current Pharmacy Status
II pharmacies must report any change or ownership, name, location, or pharmacist-in-charge in writing to the Department

<p>CHANGE OF OWNERSHIP Proposed Effective Date: _____ Pharmacy License/Registration Number _____</p> <p>Previous Owner Name _____</p> <p>New Owner Name _____</p>	<p>CHANGE OF PHARMACY NAME Proposed Effective Date: _____ Pharmacy License/Registration Number _____</p> <p>Previous Pharmacy Name _____</p> <p>New Pharmacy Name _____</p>	<p>CHANGE OF PHARMACY LOCATION Proposed Effective Date: _____ Pharmacy License/Registration Number _____</p> <p>Previous Pharmacy Address _____</p> <p>New Pharmacy Address _____</p>	<p>PHARMACY CONTACT INFORMATION</p> <p>Representative Name _____</p> <p>Phone _____</p> <p>Email _____</p>
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II. District of Columbia Resident Pharmacy Only (Complete this section then go to page 3)

Pharmacy Name	Pharmacy Street Address	Area Code and Telephone Number
Pharmacist-In-Charge (PIC)	City State Zip	Area Code and Fax Number
PIC License Number	Certificate of Occupancy Number (Please submit a copy of Certificate of Occupancy if this is an initial application)	Expected Hours of Operation (Weekdays)
Signature of PIC	Current License Number, if applicable	Expected Hours of Operations (Weekends/Holidays)
		Email Address

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.