

RESIDENT PHARMACY APPLICATION CHECKLIST

DCMR 22, CHAPTER 19, SECTION 1902:

- ____ 1. Existing District of Columbia license number (if name, location, or ownership change)
- ____ 2. Copy of Certificate of Occupancy
- ____ 3. Non-Refundable \$900 Resident Pharmacy license fee and \$130 Controlled Substance Registration fee
- ____ 4. Does the pharmacy provide compounding as a service for their customers (yes/no)