

## 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)