

## NON-RESIDENT PHARMACY APPLICATION CHECKLIST

An out-of-state pharmacy that intends to ship **prescription drugs, over-the-counter drugs, or controlled substance drugs** to or within the District of Columbia must first obtain a DC registration, by submitting the required application(s), fees, and supporting documentation, as outlined below. **A separate application is required for each location that will ship drug products to or within the District of Columbia.**

### **INCOMPLETE APPLICATIONS OR THOSE SUBMITTED WITH INCORRECT, MISSING, OR EXPIRED DOCUMENTS WILL NOT BE PROCESSED.**

**To be considered for a DC Registration, please submit the documents in the checklist below:**

#### **DCMR 22, CHAPTER 19, SECTION 1903:**

- \_\_\_ 1. Existing District of Columbia license number (if name, location, or ownership change)
- \_\_\_ 2. Complete copy of initial Non-Resident Pharmacy license application
- \_\_\_ 3. Copy of home state pharmacy license and certificate of occupancy (if required by state)
- \_\_\_ 4. Pharmacist in charge's name  
Copy of pharmacist in-charge's license (in the state of pharmacy license)  
Pharmacist in charge's signature on the affidavit on the application
- \_\_\_ 5. List of pharmacists practicing at this location and their license numbers
- \_\_\_ 6. Most recent pharmacy inspection report
- \_\_\_ 7. Name of resident agency located within the District of Columbia designated to receive service of process (visit [www.registered-agent-listings.com](http://www.registered-agent-listings.com) for a list of DC resident agents)
- \_\_\_ 8. Verified Internet Pharmacy Practice Sites Program (VIPPS) of the National Association of Boards of Pharmacy, or other national certification program (if applicable)
- \_\_\_ 9. Does the pharmacy provide compounding as a service for their customers? (yes/no)
- \_\_\_ 10. Will the pharmacy ship controlled substances into the District of Columbia? (yes/no)  
If yes, please complete the Controlled Substance Registration application  
(visit <https://dchealth.dc.gov/node/187402> for a copy of the Controlled Substance Registration application)
- \_\_\_ 11. Copy of home state Controlled Substance Registration (if applicable)
- \_\_\_ 12. Copy of U.S. Drug Enforcement Administration Registration (if applicable)
- \_\_\_ 13. Copy of computer-generated prescription label
- \_\_\_ 14. Non-refundable \$900 Non-Resident Pharmacy License fee and  
\$130 Controlled Substance Registration fee (if applicable)