

# **Drug Sample Distributor Registration Application Packet (Legend Drug)**

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### In order to process your request:

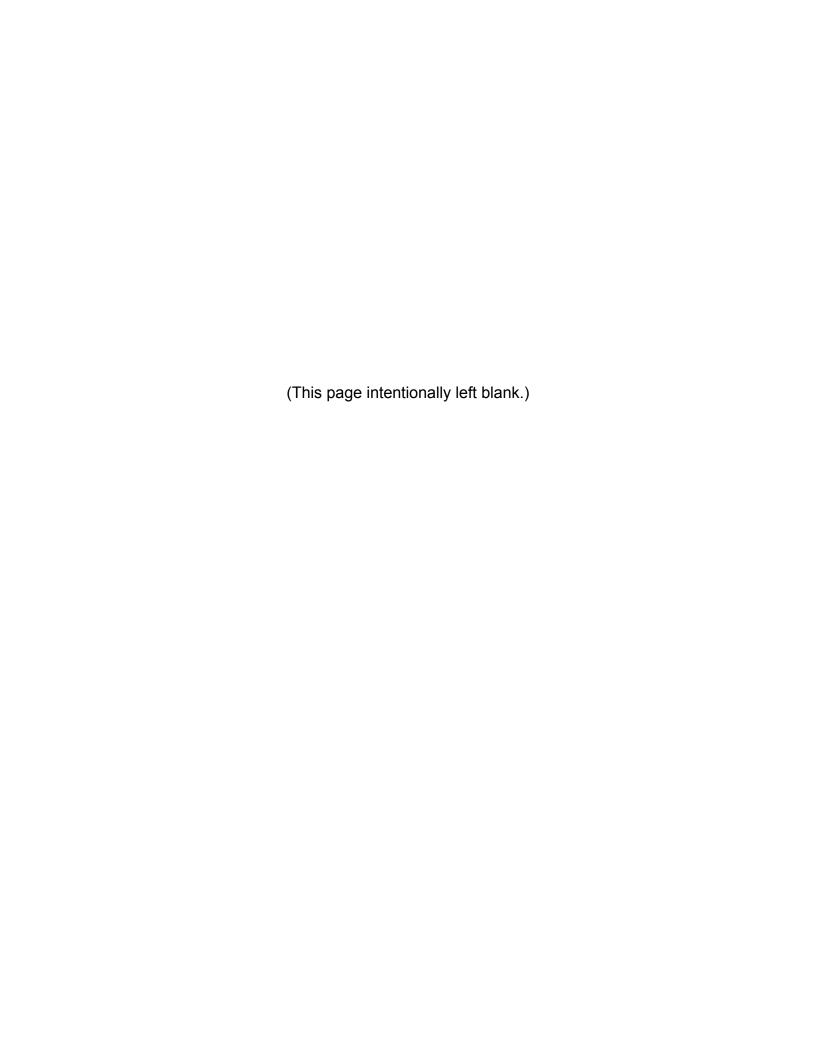
Mail your application with initial documentation and your check money order payable to:

Department of Health PO Box 1099 Olympia, WA 98507-1099 Send other documents not sent or with initial application to:

Pharmacy Quality Assurance Commission Credentialing PO Box 47877 Olympia, WA 98504-7877

#### **Contact us:**

360-236-4700





## **Application Instructions Checklist**

When your application for drug sample distribution registration (legend drug) is received by the Department of Health, you will be notified in writing of any outstanding documentation needed to complete the application process.

Indicate type of application—New, change of ownership, change of location, or name change.

- New—First time requesting a drug sample distribution registration (legend drug) license.
- Change of Ownership—When name of legal owner/operator changes resulting from the sale of licensed drug sample distribution registration (legend drug).
- Change of Location—Changing your location address. Include your current license number.
- Name Change Only—List your current facility name.

Check One: Please check your legal owner/operator business structure type according to your Washington State Master Business License.
<b>Application Fees:</b> Fees are non-refundable. You can check the online <u>fee page</u> for current fees.
1. Demographic Information:

**Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI #'s.

**Federal ID Number (FEIN #):** Enter your Federal ID Number, if the business has been issued one.

**Legal Owner/Operator Name:** Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

**Email and Web Address:** Enter the owner's email and agency Web addresses, if you have them.

**Facility/Agency Name:** Enter the agency's name as advertised on signs, brochures or Web sites.

**Physical Address:** Enter the agency's physical street location including city, state, zip code, and county.

**Phone and Fax Numbers:** Enter the agency's phone and fax number.

**Email Address:** Enter the Agency's email address, if available.

**Mailing Address:** Enter the agency's mailing address, if different than physical address.

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	2. Facility Information:
	Check one: Check whether in-state or out-of-state.
	If in state, you must complete legend drug sample distributors report located on the last page of the application.
	• If out of state, provide copy of last inspection and copy of last inspection report.
	<b>Background Questions:</b> Check yes or no and if you check yes, list and explain on a separate sheet of paper.
	<b>Drug Enforcement Administration (DEA) Registration Number:</b> Enter DEA registration number, if applicable.
	3. Contact Information:
	Enter name, title, phone number, fax number, and email address.
	4. Additional Information:
	<b>Corporation information:</b> Enter date of incorporation, corporate number, and state of corporation.
	<b>Legal Owner:</b> List the names, titles, addresses, and phone numbers of the corporate officers, partners, members, and managers. Attach additional completed pages if you need more space.
	<b>Change of Ownership Information:</b> List the previous legal owner name, previous name of facility, previous license number, effective date of ownership change, and physical address.
	<b>24 hr phone number:</b> List a day and night phone number. If a twenty-four hour telephone number is not available, complete the attached Legend Drug Sample Distributors Report form to provide the addresses of sites in this state at which the storage or distribution of the drug samples. The list of the sites and individuals must be update annually with the department.
	<b>Individual Representatives:</b> Answer yes or no if individual representatives distribute controlled substance samples.
	<b>DEA Reporting Frequency:</b> Indicate whether you report to the DEA Quarterly, Monthly, or Other. Indicate the frequency if you mark other. Indicate your next reporting due date.
	Signature:
	Signature of legal owner or authorized representative.
	Date signed.
	Print name of legal owner or authorized representative.
	Print title of legal owner or authorized representative.

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Date Stamp Here

rees (check all that apply)
Drug Sample Distributor Registration
without controlled substance
Davis Casasala Diataibutas Daniatastias

Drug Sample Distributor Registration with controlled substance

All application fees are nonrefundable You can check the online <u>fee page</u> for current fees.

Revenue: 026201	0000
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#### **Drug Sample Distributor Registration** (Legend Drug) Application This is for: ☐ New ☐ Change of Ownership ☐ Change of Location—Current License #\_ **Name Change Only**—Current Facility Name **Check One** Association Limited Partnership ☐ Sole Proprietor Corporation Municipality (City) State Government Agency Federal Government Agency Municipality (County) **Tribal Government Agency** ☐ Limited Liability Company Non-Profit Corporation Trust ☐ Limited Liability Partnership ☐ Partnership **Demographic Information** UBI# Federal Tax ID (FEIN) # Legal Owner/Operator Name Mailing Address City State Zip Code County Phone (enter 10 digit #) Fax (enter 10 digit #) **Email Address** Web Address: Facility/Agency Name (Business name as advertised on signs or Web site) **Physical Address** State Zip Code City County Facility Phone (enter 10 digit #) Fax (enter 10 digit #) **Email Address** Mailing Address (If different than physical address) City State Zip Code County

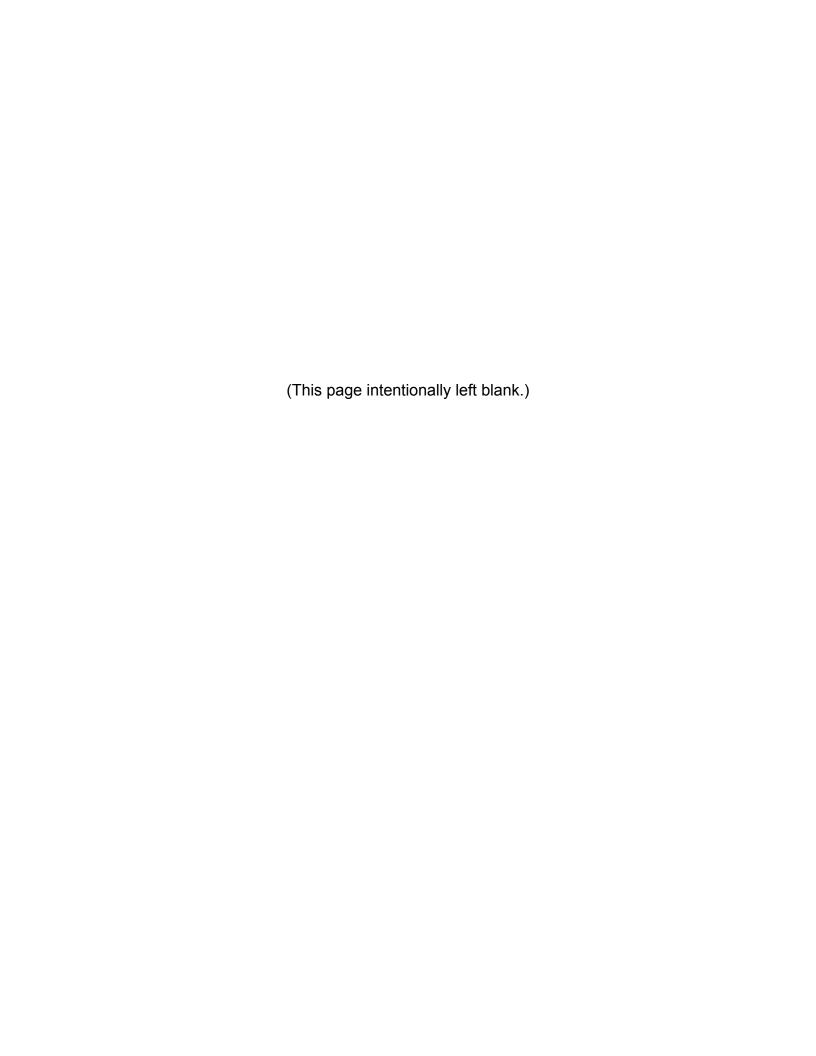
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2. Facility Information						
Check One:  Out-of-State. Date of last inspection  (Provide copy of last inspection report.)						
In-State. (Complete legend drug sample distributors report located on the last page of application packet.)						
Background Questions					Yes	No
<ol> <li>Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license?</li></ol>						
Drug Enforcement Admin	· · · · · · · · · · · · · · · · · · ·	-	able)			
Enter DEA#	,	\ 11	,			
3. Key Individuals						
Contact Person						
Name		Phone (enter 10 digit #) Email Addı		Email Addre	ess:	
Title						
4. Additional Infor	mation					
Date of Incorporation	Date of Incorporation Corporate Number State of Corporation					
Legal Owner Information-	-attach additional	sheets as need	led			
List names, addresses, phone						
Name	Address	P	none (ente	er 10 digit #)	Title	
Change of Ownership Information						
Previous Name of Legal Owner						
Previous Name of Facility	Previou	Previous Pharmacy License #		Effective Date of Ownership Change		
Physical Address						

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4. Additional Information (Continued)					
24 hr Phone Numbers: Day	Night				
Note: If you do not have a 24-hour phone available to respond to distribution, complete the <u>Legend Drug Sample Distributor</u> that form, you must list the addresses for the sites in Washi stored. The listing must include the names, addresses, and are responsible for the distribution of such samples.	ors Report (form DOH 690-077). On ngton at which drug samples are				
Do individual representatives distribute controlled substance samples?					
☐ Yes (If yes, you must enter DEA# in Section 2.)					
□No					
Frequency of your reports to DEA for ARCOS program:   Quarter	ly Monthly Other (specify)				
Date next report is due to DEA					
Signature					
I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.					
Signature of Owner/Authorized Representative of Pharmacy	Date				
Print Name	Print Title				

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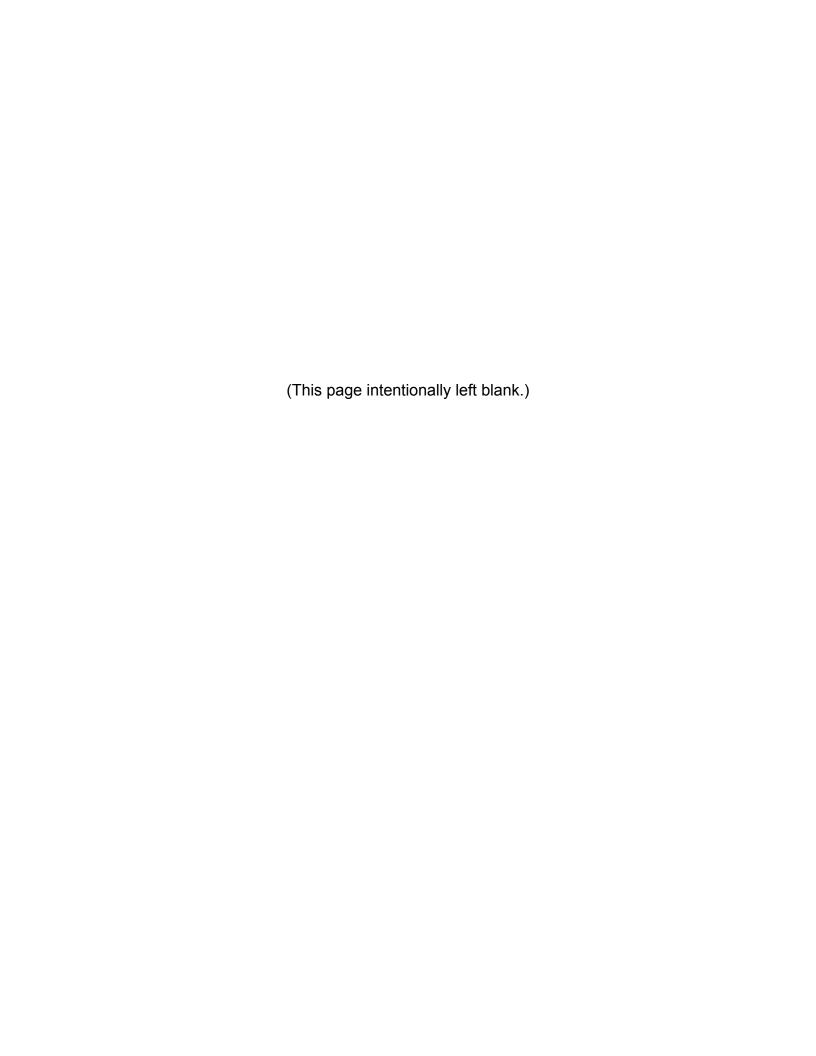




# **Legend Drug Sample Distributors Report**

The persons listed below either dist Washington or are responsible for s	Type of Storage (check appropriate box)						
Name	Residence						
Address	<ul><li>☐ Mini-Storage</li><li>☐ Centralized Distribution</li></ul>						
City	State	Zip Code	Phone (enter 10 digit #)	Point in WA			
Name	Name						
Address				<ul><li>☐ Mini-Storage</li><li>☐ Centralized Distribution</li></ul>			
City	State	Zip Code	Phone (enter 10 digit #)	Point in WA			
Name				☐ Residence ☐ Mini-Storage			
Address	ddress						
City	State	Zip Code	Phone (enter 10 digit #)	Point in WA			
Name				Residence			
Address				☐ Mini-Storage ☐ Centralized Distribution			
City	State	Zip Code	Phone (enter 10 digit #)	Point in WA			
Name				☐ Residence ☐ Mini-Storage			
Address	PSS PSS						
City	State	Zip Code	Phone (enter 10 digit #)	Point in WA			
Name				Residence			
Address	☐ Mini-Storage☐ Centralized Distribution						
City	State	Zip Code	Phone (enter 10 digit #)	Point in WA			
Name				Residence			
Address	<ul><li>☐ Mini-Storage</li><li>☐ Centralized Distribution</li></ul>						
City	State	Zip Code	Phone (enter 10 digit #)	Point in WA			

(You may copy this form if necessary)





#### **RCW/WAC and Online Web Site Links**

#### **RCW/WAC Links**

**Uniform Disciplinary Act, RCW 18.130** 

Administrative Procedure Act, RCW 34.05

Administrative procedures and requirements, WAC 246-12

Pharmacy Laws, RCW 18.64

**Drug Sample Laws, RCW 69.45** 

Pharmacy Rules, WAC 246-879

#### **On-Line**

**AIDS Training Resources, Reference Page** 

**Pharmacy Quality Assurance Commission, Web Page**