



# North Carolina Board of Pharmacy

6015 Farrington Road, Suite 201  
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## OUT-OF-STATE PHARMACY/PHARMACIST CERTIFICATION

Complete the information below and mail back to the NC Board of Pharmacy.

Under North Carolina Law, making "false representations or with[holding] material information in connection with securing a license or permit" is grounds for "refus[ing] to grant . . . a license to practice pharmacy." N.C.G.S. § 90-85.38(a)(1). Any license or permit obtained through false representation or with-holding of material information shall be void and of no effect. N.C.G.S. § 90-85.38(c).

### 1. Certification by Pharmacy

I do hereby certify that the pharmacy employs a pharmacist who is responsible for dispensing, shipping, mailing, or delivering dispensed legend drugs into North Carolina and who has met requirements for licensure equivalent to the requirements for licensure in North Carolina.

Name:  Title:

*(Must be pharmacist-manager or person listed in Item 8 on the application)*

Name of Pharmacy:

Pharmacy Address:

City:  State:  Zip:

State of License:  License Number:

Signature

Date

### 2. Certification by Pharmacist

I do hereby certify that I am an employee of the pharmacy and am the pharmacist referred to in the Certification by Pharmacy above. I hereby certify that I am subject to the jurisdiction of the Board, the provisions of North Carolina General Statutes Chapter 90, Article 4A, and the rules adopted by the Board.

Name:  Title:

Address:

City:  State:  Zip:

State of License:  License Number:

Has the responsible pharmacist here designated ever been charged or disciplined by any licensing or permitting authority, federal or state? Discipline includes, but is not limited to any letter of warning, reprimand, license suspension or revocation, permit suspension or revocation, or registration suspension or revocation.

Yes or No  If yes, please provide the Board with appropriate documentation, including but not limited to the charging document and any disposition of the charge.

Signature

Date