



# PHARMACY SERVICES DATA QUESTIONNAIRE

*Please complete and return this form to:*

NC Board of Pharmacy \* 6015 Farrington Road, Suite 201 \* Chapel Hill, North Carolina 27517  
or Fax to: (919) 246-1056 or Email to Wendy Watson, [wwatson@ncbop.org](mailto:wwatson@ncbop.org)

Pharmacy Name: \_\_\_\_\_

Pharmacy Permit Number: \_\_\_\_\_

Pharmacist-Manager: \_\_\_\_\_

Pharmacist-Manager's Email Address: \_\_\_\_\_

NABP e-Profile Number: \_\_\_\_\_

## **I. Compounding Services**

1. Does the Pharmacy compound?

- Yes  
 No

**If you have recently added compounding to your pharmacy services, or if you have changed the risk level(s) of compounding services provided, you must:**

**In-State Pharmacies:** Contact Josh Kohler, [jkohler@ncbop.org](mailto:jkohler@ncbop.org) to schedule a compounding inspection.

**Out-of-State Pharmacies:** Obtain a USP standards compounding compliance inspection from your home-state Board of Pharmacy or through NABP's VPP program and send the report to the Board's office (reference your permit number), attention Wendy Watson, [wwatson@ncbop.org](mailto:wwatson@ncbop.org).

2. If the answer to question 1 is "Yes", does the Pharmacy engage in sterile compounding?

- Yes  
 No

3. If the answer to question 2 is "Yes", per USP 797 standards, does the Pharmacy engage in *(select the highest risk level performed)*:  
[Risk Level Guidance Document may be found here.](#)

- Low risk sterile compounding?  
 Medium risk sterile compounding?  
 High risk sterile compounding?

4. If the answer to question 2 is "Yes", are the Pharmacy's compounding practices accredited by any organization?

- Yes  
 No

If "Yes", please list below organizations that have accredited the Pharmacy's compounding practices:

*(continued on next page)*

## **II. Other Services**

5. Does the Pharmacy dispense, distribute or otherwise provide prescription drugs to any person or entity other than a person for whom the drug was prescribed?

- Yes
- No

6. Does the Pharmacy offer vaccines?

- Yes
- No

7. Does the Pharmacy specialize in (or is the Pharmacy certified in) certain pharmacy services?

- Yes
- No

If the answer above is "Yes", please specify the **PRIMARY** type of service:

- |                                      |   |
|--------------------------------------|---|
| <input type="radio"/> Chemotherapy   | <input type="radio"/> Nutritional             |
| <input type="radio"/> Diabetic Care  | <input type="radio"/> Remote Order Entry      |
| <input type="radio"/> Hemophilia     | <input type="radio"/> Non-sterile Compounding |
| <input type="radio"/> IV Infusion    | <input type="radio"/> Sterile Compounding     |
| <input type="radio"/> Long Term Care | <input type="radio"/> Weight Loss             |
| <input type="radio"/> Mail Order     | <input type="radio"/> Other                   |
| <input type="radio"/> Nuclear        |   |

Is the Pharmacy accredited or certified by any organization?

- Yes
- No

Please list below all organizations that have accredited or certified the Pharmacy's practices:

---

### **AFFIDAVIT**

I declare that I am the responsible person for the Pharmacy, and that the statements herein are true and complete.

I Agree

Date completed: \_\_\_\_\_