



CLINICAL PHARMACIST PRACTITIONER SITE VISIT



NAME: _____ DATE: _____

LOCATION OF SITE VISIT: _____

HOME ADDRESS: _____

HOME PHONE #: _____

DOB: _____

NC BOARD OF PHARMACY LICENSE #: _____

NCMB ANNUAL REGISTRATION CERTIFICATE AVAILABLE FOR INSPECTION: Yes _____ No _____

NCMB CERTIFICATE #: _____ (21 NCAC 32T .0101 (c) (1) & 21 NCAC 46.3101 (c) (1))

PRACTICE INFORMATION:

PRACTICE SITE(S): _____

CONTACT PHONE #: _____

TYPE OF PRACTICE OR FACILITY: _____

USUAL WORKING HOURS: _____ HOURS/WEEK: _____

SUPERVISING PHYSICIAN:

BACK-UP SUPERVISING PHYSICIAN(S): _____

NUMBER OF PATIENTS CPP SEES PER DAY: avg: _____ max: _____ min: _____

OTHER CPPs CURRENTLY WORKING AT THIS SITE (no more than three CPPs per FTE); sections .0101 (g) (4) & .3101 (g) (4)
NAME(S): _____

CONTINUING EDUCATION: 35 HOURS PER YEAR APPROVED BY PHARMACY BOARD

(sections .0101 (d) (1) & .3101(d) (1))

DOCUMENTATION AVAILABLE FOR INSPECTION: Yes _____ No _____ (sections .0101 (d) (2) .3101 (d) (2))

LIST CME: _____

_____**DEA: YES _____ NO _____** **DEA #: _____**

VOIDED PRESCRIPTION BLANK OBTAINED/ATTACHED: Yes _____ No _____

SUPERVISORY AGREEMENT BETWEEN CPP & SUPERVISING PHYSICIAN

(sections .0101 (f) & .3101 (f))

SUPERVISORY AGREEMENT AVAILABLE FOR INSPECTION: Yes _____ No _____

(sections .0101 (f) (1) & .3101 (f) (1))

- SIGNED BY BOTH PHYSICIAN AND CPP: Yes _____ No _____
(sections .0101 (f) & .3101 (f) (1))
- OUTLINES PREDETERMINED DRUG THERAPY TO INCLUDE THE DIAGNOSIS AND PRODUCT SELECTION BY THE PATIENT'S PHYSICIAN; ANY MODIFICATIONS THAT ARE PERMITTED; DOSAGE FORMS, DOSAGE SCHEDULES AND TESTS WHICH MAY BE ORDERED: Yes _____ No _____
(sections .0101 (f) (3) & .3101 (f) (3))
- PROHIBITS SUBSTITUTION OF CHEMICALLY DISSIMILAR DRUG WITHOUT WRITTEN CONSENT OF PHYSICIAN: Yes _____ No _____ (sections .0101 (f) (4) & .3101 (f) (4))
- PRE-DETERMINED PLAN FOR EMERGENCY SERVICES: Yes _____ No _____
(sections .0101 (f) (5) & .3101 (f) (5))
- PLAN FOR WEEKLY QUALITY CONTROL--REVIEW AND COUNTERSIGNATURE OF ALL ORDERS WRITTEN BY CPP THROUGH FACE-TO-FACE CONFERENCE: Yes _____ No _____
(sections .0101 (f) (6) & .3101 (f) (6))

CHARTS REVIEWED: Yes _____ No _____ NUMBER REVIEWED: _____COMMENTS:**IDENTIFICATION REQUIREMENTS:**

CHECK NAMETAG: Yes _____ No _____ (sections .0101 (h) & .3101 (h))

CONCLUSIONS:

SUPERVISING PHYSICIAN AND CPP ADVISED OF ANY DISCREPANCIES: Yes _____ No _____

RETURN VISIT DEEMED APPROPRIATE: Yes _____ No _____

COMMENTS RELATED TO SPECIFIC RULE DISCREPANCIES AND/OR OTHER ISSUES DISCUSSED WITH CPP:

BOP Representative Signature

NCMB Representative Signature

Date

CPP Signature

Supervising Physician Signature

Date