

SECTION .1900 - FORMS

21 NCAC 46 .1901 DEFINITION

For use in the discharge of the statutory duties of the Board, it has adopted certain official forms which are described in this Section. Forms referred to in this Chapter are those forms described in this Section, and are available from the Board's office.

History Note: Authority G.S. 90-85.6;
 Eff. April 1, 1983;
 Amended Eff. May 1, 1989.

21 NCAC 46 .1902 APPLICATION FOR PHARMACIST'S LICENSE

The form for application for a pharmacist's license is "Application for Examination and Registered Pharmacist Certificate." All applicants for admission to the examination for licensure as a pharmacist shall submit this form. In addition to the normal questions of identification, this form requests responses on education, experience, prior activity, proof of qualifications and character.

History Note: Authority G.S. 90-85.6; 90-85.15;
 Eff. April 1, 1983;
 Amended Eff. May 1, 1989.

21 NCAC 46 .1903 APPLICATION FOR PHARMACY PERMIT

The form for application for pharmacy permit is entitled "Application for Registration and Permit to Conduct a Pharmacy." All persons who desire to conduct a pharmacy shall complete this form for original and renewal applications. Information requested includes facility name and address, type of organization (i.e., proprietorship, corporation, non-profit hospital, government), ownership, supervised personnel, pharmacist personnel, and hours of service.

History Note: Authority G.S. 90-85.6; 90-85.21;
 Eff. April 1, 1983.

21 NCAC 46 .1904 RENEWAL OF PHARMACIST'S LICENSE

The form for application for renewal of a pharmacist's license is entitled "Pharmacist License Annual Renewal Notice," and must be completed and returned to the Board yearly for those individuals who desire to continue their license to practice pharmacy. This form requests updated information on the registrant's activity, nature of practice, and other matters.

History Note: Authority G.S. 90-85.6; 90-85.17;
 Eff. April 1, 1983;
 Amended Eff. May 1, 1989.

21 NCAC 46 .1905 REPLACEMENT OF CERTIFICATES

The form for application for replacement of certificates is entitled "Order for Certificate of Registration." In addition to the ordinary identification information, this form requires the completion of an affidavit describing the loss or destruction of the original certificate.

History Note: Authority G.S. 90-85.6;
 Eff. April 1, 1983.

21 NCAC 46 .1906 RECIPROCITY DATA QUESTIONNAIRE

The form for application to initiate reciprocity procedures is entitled "Reciprocity Data Questionnaire" and begins the process of reciprocating a pharmacist's license to North Carolina from another state. Along with the usual identification material, it requests information on education, experience, and other activities necessary to determine the person's eligibility to reciprocate.

History Note: Authority G.S. 90-85.6; 90-85.20;

Eff. April 1, 1983;
Amended Eff. May 1, 1989.

21 NCAC 46 .1907 APPLICATION FOR RECIPROCITY

Following receipt from the applicant for reciprocity of the Data Questionnaire, the form for application for reciprocity, entitled "Preliminary Application for Reciprocal Licensure," will be mailed to the applicant by the Board to facilitate reciprocity through the National Association of Boards of Pharmacy. The form is printed by the National Association of Boards of Pharmacy and is distributed as a service to applicants by the North Carolina Board.

History Note: Authority G.S. 90-85.6; 90-85.20;
Eff. April 1, 1983;
Amended Eff. May 1, 1989.

21 NCAC 46 .1908 REGISTRATION FOR PRACTICAL PHARMACY TRAINING

The form for registration for practical pharmacy training is entitled "Application for Registration in Pharmacy Training Program." This form must be completed by individuals at the beginning of the training necessary to be eligible for examination for licensure. Information requested includes identification, education, experience, supervising personnel, and location, along with approximate hours of training per week.

History Note: Authority G.S. 90-85.6; 90-85.15;
Eff. April 1, 1983.

21 NCAC 46 .1909 PRACTICAL PHARMACY EXPERIENCE

The form for certification of experience in North Carolina is entitled "Practical Pharmacy Experience Affidavit," and is used to certify training in North Carolina. This form requires information necessary to certify the hours completed and the preceptor responsible for training.

History Note: Authority G.S. 90-85.6; 90-85.15;
Eff. April 1, 1983.

21 NCAC 46 .1910 CERTIFICATE OF EXPERIENCE OUTSIDE NORTH CAROLINA

History Note: Authority G.S. 90-85.6; 90-85.15;
Eff. April 1, 1983;
Amended Eff. May 1, 1989;
Repealed Eff. July 1, 1996.

21 NCAC 46 .1911 CERTIFICATE OF GRADUATION

The form certifying graduation is entitled "Certificate of Graduation from College or School of Pharmacy" and must be completed by all candidates for licensure. This form provides for listing of dates of attendance and date of graduation, and is to be completed by a responsible official of the school or college.

History Note: Authority G.S. 90-85.6; 90-85.15;
Eff. April 1, 1983;
Amended Eff. May 1, 1989.

21 NCAC 46 .1912 APPLICATION FOR REGISTRATION AS A DISPENSING PHYSICIAN

The form for application for registration as a dispensing physician is entitled "Application for Registration with the Pharmacy Board as a Dispensing Physician", and appears in G.S. 90-85.21(b). All applicants for registration as a dispensing physician shall complete this form for original and renewal applications. Information requested includes name and address of dispensing physician, physician's North Carolina license number, whether the physician is currently practicing in a professional association registered with

the North Carolina Board of Medical Examiners, the name and registration number of the professional corporation, if applicable, and a certification that the information given is correct and complete.

History Note: Authority G.S. 90-85.6; 90-85.21;
Eff. February 1, 1991.

21 NCAC 46 .1913 APPLICATION FOR DEVICE DISPENSING PERMIT

The form for application for a permit to dispense devices is entitled "Application for Permit to Dispense Devices". All applicants for a "Device Dispensing Permit" shall complete this form for original and renewal applications. Information requested includes name and address of place dispensing devices, name and address of person in charge of permit, history of person in charge of permit, examples of prescription devices dispensed from location during the last year, and two attestations by persons not employed or supervised by device dispenser.

History Note: Authority G.S. 90-85.6; 90-85.22;
Eff. February 1, 1991.