Colorado Division of Professions and Occupations
Office of Licensing—Pharmacy
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

APPLICATION FOR REGISTRATION—SPECIALIZED PRESCRIPTION DRUG OUTLET (SPDO)

(This application must also be used for changes to existing registrations.)

APPLICANT INSTRUCTIONS

Basic Requirements. Requirements for registration are outlined in the Colorado Revised Statutes, specifically 12-42.5-112, and the Board rules. Both can be found online at www.dora.colorado.gov/professions/pharmacy.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Be sure to keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one year from date of receipt in the Division of Professions and Occupations. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date.

- All specialized prescription drug outlet registrations expire on October 31 of even-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

For a NEW REGISTRATION as a Specialized Prescription Drug Outlet OR if ANOTHER prescription drug outlet is TAKING OVER THE PHARMACEUTICAL NEEDS OF THE LONG TERM CARE FACILITY FROM A PREVIOUS SPDO:

☐ **Submit a completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado.* All fees are **non-refundable** and subject to change every July 1.

☐ **Submit a copy of a certificate from the Colorado Department of Public Health and Environment which designates the facility as a long term care facility.**

☐ **Submit a policy and procedure manual for the SPDO that, at minimum, addresses the accessibility to, the stocking of, the accountability and recordkeeping of, and the security of, the facility's automated device.**

☐ **Submit the attached Minimum Equipment Self-Inspection Form, completed, dated, and signed.**

To CHANGE THE LOCATION of an existing registration:

☐ **Submit a completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado.* All fees are **non-refundable** and subject to change every July 1.

☐ **Submit a copy of a certificate from the Colorado Department of Public Health and Environment which designates the relocated facility as a long term care facility.**

☐ **Submit the attached Minimum Equipment Self-Inspection Form, completed, dated, and signed.**

Once all information has been received and reviewed, Board staff will be in contact to set up a date and time for an inspection.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Pharmacy
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

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Consumer Protection

Division of Professions and Occupations
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www.dora.colorado.gov/professions

Application for Registration
SPECIALIZED PRESCRIPTION DRUG OUTLET (SPDO)
New Registration or Transfer Ownership: **$200**
Change Location: **$125**

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

If additional pages are attached to respond to requested information in any part of the application, please indicate the number of the item to which you are responding.

PART 1.

Select from the following:

☐ **I am submitting an application for a NEW Specialized Prescription Drug Outlet registration.** $200

- *Enclose fee with your application and continue to PART 2.*

—OR—

☐ **I am reporting a CHANGE OF LOCATION for an existing registration** $125

Previous location: _____

New location: _____

Effective date of location change: _____

- *Enclose fee with your application and continue to PART 2.*

Total Fee: $ _____

PART 2.

1. Colorado Registration Number of SPDO: _____ *If this is a new registration, leave blank.*
2. DEA Registration Number of SPDO: _____
3. Colorado Registration Number of Sponsoring Prescription Drug Outlet: _____ *If this is a new registration, leave blank.*
4. DEA Registration Number of Sponsoring Prescription Drug Outlet: _____
5. Business Name: _____
   List all trade names or DBA names used by business: _____
   _____
   _____
6. Federal Employer Identification Number (FEIN): _____
7. Address of SPDO: _____
   Street & Number City State Zip Code
8. Address of Sponsoring Prescription Drug Outlet: _____
   Street & Number City State Zip Code
9. Daytime Telephone: _____ E-mail Address: _____

10. **Pharmacist Manager Affidavit:** I, _____, certify that I am the designated pharmacist manager for the within named applicant. While I am manager, I accept responsibility for the legal operation of this outlet pursuant to C.R.S. 12-42.5-116, 12-42.5-102(29) and Rules 7.00.00 and 27.00.00. I will immediately notify the Board of Pharmacy if and when I terminate my employment with this pharmacy.

Signature: _____ **Date:** _____

PART 3.

11. **Background Questions:** If the answer is **YES** to any question, attach additional pages and explain fully.

A. Has the applicant or any person identified in this application been convicted under any federal, state, or local law relating to drug samples, drug manufacturing, drug dispensing, wholesale or retail drug distribution, or distribution of controlled substances? ☐ YES ☐ NO

B. Has the applicant or any person identified in this application had any criminal or civil conviction under federal or state laws? (This includes deferred judgments or sentences.) ☐ YES ☐ NO

C. Has any person identified in this application had any license or registration to manufacture, dispense, or distribute legend drugs or controlled substances disciplined, suspended, or revoked? ☐ YES ☐ NO

D. Has any person identified in this application been convicted of a felony, pled *nolo contendere*, or received a deferred judgment or deferred sentence to a felony under any federal, state, or local law? ☐ YES ☐ NO

E. Has any registration or license to manufacture or distribute legend drugs and/or controlled substances currently or previously held by applicant ever been disciplined, suspended, or revoked? ☐ YES ☐ NO

Per C.R.S. 12-4-104(13)(a), any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in C.R.S. 18-8-503. In accordance with C.R.S. 18-8-503 and C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law.

The Owner and Pharmacist Manager agree that the Board has the power to inspect all outlets and investigate violation pursuant to C.R.S. 12-42.5-106.

THIS APPLICATION COMPLETED BY:

Signature: _____ Date: _____

Printed Name: _____ Title: _____

FOR NEW REGISTRATIONS AND BUSINESS RELOCATIONS:

Date you anticipate SPDO will be ready for inspection: _____

Date you expect the SPDO to be open for business: _____

SPDO Hours of Operation:

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

MINIMUM EQUIPMENT SELF-INSPECTION

Name of SPDO: _____

Complete Address: _____

Phone Number (include area code): _____

INSTRUCTIONS: If the SPDO is in **complete** compliance with the paragraph, please write “OK” on the line to the left of the paragraph.

_____ The SPDO possesses a secure Automated Device (AD) that prevents the diversion of drugs and it limits the access to drugs within the AD only to persons whom have been given permission to access the AD.

_____ The SPDO has policy and procedure manual that, at minimum, addresses the accessibility to, the stocking of, the accountability and recordkeeping of, and the security of, the AD.