Change of Permit Association – Class III Pharmacy

Section 465.019(2)(d), F.S., provides that "Class III institutional pharmacies" are those institutional pharmacies, including central distribution facilities, affiliated with a hospital that provide the same services that are authorized by a Class II institutional pharmacy permit. Rule 64B16-28.750, F.A.C., provides that all Class III Institutional Pharmacies must be affiliated with a hospital.

This request for a change of permit association allows a Class II Institutional Pharmacy, who currently holds an **active** pharmacy permit, to change its pharmacy permit association from a Class II Institutional Pharmacy association to a Class III Pharmacy association. Rule 64B16-28.2021(1), F.A.C., provides that a pharmacy permit is not transferable. If there is any change in the identity (i.e. – change in the entity's Federal Employer Identification Number) of the business entity which holds the current pharmacy permit, a new application must be completed and a new permit obtained.

Application Type – Please choose one of the following:	
___ Change of Permit Association ($255.00 fee) **Complete: Section A only.**	___ Change of Location ($100.00 fee) **Complete: Sections A and B.**
Pharmacy Permit Type – Please choose only one of the following:	
____Institutional Class II	Modified Institutional Class II A ___Class II B____ Class II C___

SECTION A. Please complete for all Application Types

Please provide your existing Pharmacy Permit Number:		
Please list your Federal Employer Identification Number:		
Please provide your existing Federal DEA Number:		
1. Will your company's FEIN change as a result of this Change of Permit Association?		
Yes_____ No _____ *NOTE: If yes, please stop and obtain a Change of Ownership form.*		
2. Corporate Name		**Telephone Number**
3. Doing Business As (d/b/a)		**E-Mail Address**** (see note below)
4. Mailing Address		
City	**State**	**Zip**
5. Physical Address		
City	**State**	**Zip**
6. Consultant Pharmacist of Record (COR) Information		
Name		**License Number**
Email Address ** (see note below)	**Telephone Number**	

NOTE: Under Florida law, email addresses are public records. If you do not want your e-mail released in response to a public records request, do not provide an email or send e-mail to our office. Instead contact the office by phone or in writing..

SECTION B. Please complete for Change of Location.

1. Current Practice Location Address		
City	**State**	**Zip**
E-Mail Address** (see note below)	**Telephone Number**	
2. New Practice Location Address		
City	**State**	**Zip**
E-Mail Address** (see note below)	**Telephone Number**	

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ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL BE RETURNED

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** Section 456.013(1), F.S., requires that applicants supplement their applications as needed to reflect any material change in any circumstances or conditions stated in the application, which takes place between the initial filing of the application and the final grant or denial of the license, which might affect the decision of the department.

I swear and affirm that the statements contained in this application are true, complete, and correct and I agree that said statements shall form the basis of my application and I do authorize the Florida Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information concerning me, and I further authorize them to furnish any information they may have or have in the future concerning me to any person, corporation, institution, association, Board, or any municipal, county, state, or federal governmental agencies or units, and I understand according to the Florida Board of Pharmacy Statutes that a Pharmacy Permit may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other item, in connection with an application for a license or permit, as set forth in Section 465.015(2)(a), F.S.

Under penalty of perjury I have read the foregoing document and that the facts stated in it are true. I recognize that providing false information may result in disciplinary action against my license or criminal penalties.

SIGNATURE _____ DATE_____
(Owner or officer of establishment)