

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521  
775-850-1440 - bop.nv.gov

**OUT-OF-STATE  
(For locations shipping to the State of Nevada)  
OUTSOURCING FACILITY  
(includes 503A, 503B and FDA)  
INFORMATION AND CHECKLIST**

This application cannot be returned by fax or email.  
We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Please understand we cannot and will not accept incomplete applications. Review the application and return all required fees and documentation with the completed application.

**Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.**

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications will be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, the application will be returned.

For a location or name change of an out-of-state OUTSOURCING FACILITY, we only require notification in writing. A new application is only required if changing ownership of 50% or greater.

**REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP**

**You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.**

Complete all required pages of the application. Must be original signature(s), no copies or stamps.

Registration fee of \$500.00. This fee is non-refundable and non-transferable. The fee is payable by money order or cashier's check only, we do not accept personal checks, business checks, cash or credit cards. If the application is received with a personal check, business check or cash, you will be sent an email asking for the correct fee. If the corrected fee is not received within 21 days, the application and fee provided will be shredded.

Letter of good standing from the state or regulatory board in which your company is located. Download the form from the website under the “New Applications” tab. The forms are available under the *documents for all types of businesses*. An original separate letter from the state or regulatory board also acceptable.

Copy of current registration or license for the outsourcing facility in the state of residence.

Copy of recent state inspection.

Copy of recent FDA inspection.

Copy of Current DEA Registration (if applicable)

## **REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP**

An application for an out-of-state OUTSOURCING FACILITY requires Board approval. Upon receipt of the completed application, documentation and fee, your application will be placed on the agenda of the next regularly scheduled Board meeting. The current board meeting schedule is available on the website under the “Calendar of Upcoming Boards & Committee Meetings”.

[http://bop.nv.gov/board/ALL/Board Meeting Schedule/](http://bop.nv.gov/board/ALL/Board_Meeting_Schedule/)

### **AN APPEARANCE AT THE BOARD MEETING WILL BE REQUIRED**

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy. Please provide the name and license number of the supervising pharmacist on the application.

A license is usually issued and mailed within 20 days from the board meeting date, if approved.

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under “Nevada Statutes & Regulations” tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov).

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier’s check only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New OUTSOURCING FACILITY  
 Ownership Change (Provide current license number if making changes:) OUT \_\_\_\_\_  
 503a OR  503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

Publicly Traded Corporation – Pages 1-3 & 4                       Partnership - Pages 1-3 & 6  
 Non Publicly Traded Corporation – Pages 1-3 & 5                       Sole Owner – Pages 1-3 & 7

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_ (Required per NAC 639.708)

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Supervising Pharmacist: \_\_\_\_\_ Nevada License #: \_\_\_\_\_

**SERVICES PROVIDED**

Yes/No

Parenteral  
  Sterile Compounding  
  Non Sterile Compounding  
  Mail Service Sterile Compounding  
  Other Services: \_\_\_\_\_

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only      Date Processed: \_\_\_\_\_      Amount: \_\_\_\_\_

FEI Number (From FDA application): \_\_\_\_\_

Please provide the name of the facility as registered with the FDA and the registration number:

\_\_\_\_\_

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

\_\_\_\_\_

Please provide the name and Nevada license number of the supervising pharmacist:

Name: \_\_\_\_\_ Nevada License Number: \_\_\_\_\_

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: \_\_\_\_\_

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3**

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes  No

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

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Original Signature of Person Authorized to Submit Application, no copies or stamps

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Print Name of Authorized Person

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Date

**OWNERSHIP IS A PUBLICLY TRADED COMPANY**

State of Incorporation: \_\_\_\_\_

Parent Company if any: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: \_\_\_\_\_

Registration number issued: \_\_\_\_\_

Stock Exchange: \_\_\_\_\_

**Include with the application for a publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: \_\_\_\_\_

Parent Company if any: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____	_____
Name	Address

b) _____	_____
Name	Address

c) _____	_____
Name	Address

d) _____	_____
Name	Address

2) Provide the number of shares issued by the corporation. \_\_\_\_\_

3) What was the price paid per share? \_\_\_\_\_

4) What date did the corporation actually receive the cash assets? \_\_\_\_\_

5) Provide a copy of the corporation's stock register evidencing the above information

**Include with the application for a non publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

**OWNERSHIP IS A PARTNERSHIP**

General \_\_\_\_\_

Limited \_\_\_\_\_

Partnership Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_



**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_