

Notification of Providing Off-Site Remote Automated Distribution Pharmacy Services

Pursuant to Minnesota Statute 151.58 and Minnesota Rule 6800.2600, a pharmacy must provide notification of the address of a facility at which an off-site automated drug distribution system will be located. The form must be filled out in its entirety. The completed form and a copy of the facility's Department of Health license can be mailed, emailed, or faxed to the Board. (If notification is for more than one automated distribution system location, a separate form must accompany each notice.)

1 PROVIDER PHARMACY INFORMATION

Name of the pharmacy that will be the provider for this location

License Number

Address

Telephone Number

Name of Pharmacist-In-Charge

License Number

2 TYPE OF REMOTE PHARMACY SERVICES

Automated Distribution System

Model/Type

Board Approval Date (MS 151.58, 6800.2600)

Pharmacy Policies Approval Date

3 REMOTE FACILITY INFORMATION

Name of the facility where services will be provided

Telephone Number

Address

Anticipated Date of Placement:

Hours of Operation

4 PERSON RESPONSIBLE AT THE REMOTE FACILITY

Provide the following information for the Medical Director, Administrator, Owner, Chief Operating Officer, or Chief Executive Officer of the remote facility and attach a copy of the Facility License.

Name

Title

You must provide a main address (confidential) and an address which may be provided to the public. You may enter the same address in both address types. ☐ ☒ check this box if your public address is the same as your main address

Main Address (confidential address of record)

Public Address (alternate address which may be provided to the public)

Public Phone

5 AUTOMATED DISTRIBUTION MACHINE

Automated Pharmacy Systems (Attach a copy of the Facility's License.)

Documentation that the health care facility in which the automated distribution system will be located is licensed as a health care facility according to statute which means:

- (a) a nursing home licensed under section 144A.02;
- (b) a housing with services establishment registered under section 144D.01, subdivision 4, in which a home provider licensed under chapter 144A is providing centralized storage of medications;
- (c) a boarding care home licensed under sections 144.50 to 144.58 that is providing centralized storage of medications; or
- (d) a Minnesota sex offender program facility operated by the Department of Human Services

Minnesota Board of Pharmacy

335 Randolph Ave, Suite 230 | Saint Paul, MN 55102

Fax: (651) 215-0951

6 Attestation

Regarding Written Contract or Agreement

I hereby attest that the provider pharmacy and the facility have a written contract or agreement which outlines the services to be provided and the responsibilities and accountabilities of each party in fulfilling the terms of the contract or agreement in compliance with federal and state laws and regulations.

Regarding Application

I hereby attest that the foregoing statements, as well as those on the reverse side of this form or those on any attachment(s) to this form, are to the best of my knowledge true and correct and that they are all given of my free will. I agree to comply with the Minnesota Pharmacy Act and Rules that apply to the use of automated drug distribution systems located in health care facilities.

Attestation of Pharmacist-in-Charge

I attest that the information provided on this form is correct.

Signature - Pharmacist-in-Charge

Date

Type or Print Name

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