

# Wisconsin Department of Safety and Professional Services

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## **PHARMACY EXAMINING BOARD** **INFORMATION FOR IN-STATE PHARMACY**

**APPLICATION INSTRUCTIONS:** (a completed application must be on file at least 30-days prior to proposed opening date.)

**To license a “New” Pharmacy with the Pharmacy Examining Board, please complete steps 1 through 5 below:**

1. Complete the Application for the Licensure of a Pharmacy (**Form #609**) and fee, making sure to provide all information requested on both sides of the form.
2. Prepare and submit one set of original floor plans, scaled to size, with a description of the various areas designated. Please indicate location of sink and refrigerator. (For specific floor plan requirements, please refer to Wis. Admin. Code § Phar 6 Relating to the Practice of Pharmacy.)
3. Complete and submit self-inspection (**Form #2550**) with the expected dates of compliance per Wis. Admin. Code § Phar 6.
4. Mail the above items to the Pharmacy Examining Board at the address above, at least 30-days prior to the proposed opening date. Requirements and procedures for applying for a Pharmacy license are specified in Wis. State Stats. § 450.06. A Pharmacy may not operate unless a Pharmacy license has been granted. Board action shall be taken within 60 business days of receipt of a completed Pharmacy application, as provided in Wis. Adm. Code. § Phar 4.03.
5. Contact the Federal Drug Enforcement Administration (DEA) for registration forms at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov), (312) 353-1236, DEA, 230 South Dearborn Street, Ste. 1200, Chicago, IL. 60604.
6. A Closing Affidavit must be completed and notarized by the former owner and forwarded to the Pharmacy Board Office within 10-days of actual closure date.

### **PROCEDURE FOR REPORTING THEFT OR LOSS OF CONTROLLED SUBSTANCES:**

**Phar 8.02(3) (f) Records:** In any instance, that a pharmacy, practitioner, or other DEA registrant authorized to possess controlled substances is required to file with the DEA a report of theft or loss of controlled substances, the pharmacy, practitioner or other DEA registrant shall also send a copy to the board within 2 weeks of filing with the DEA.

Any pharmacy, practitioner, or other drug enforcement administration registrant is responsible for reporting the theft or significant loss of controlled substances to:

1. U.S. Department of Justice, DEA Kluczynski Building, Ste. 1200, 230 S. Dearborn Street, Chicago, IL 60604 (312-353-1236, or 1-800-478-7642 toll free 24 hours)
2. Wisconsin Pharmacy Examining Board, P.O. Box 8935, Madison, WI 53708-8935, (608-266-2112)

Report the theft or loss on DEA Form #106, (**Report of Theft or Loss of Controlled Substances**), obtainable from DEA at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov).

All thefts and any significant losses **must** be reported to the DEA immediately upon discovery of the theft or loss. Notification must be accomplished by completing and filing a DEA Form #106, (**Report of Theft or Loss of Controlled Substances**). The form may be found on the Internet at [www.DEAdiversion.usdoj.gov](http://www.DEAdiversion.usdoj.gov) or may be obtained from your local DEA office. If the circumstances regarding the theft or loss need clarification before the form can be completed, the registrant can make an initial report via telephone or some other means and file the completed form as soon as the circumstances are known.

### **CHANGE OF LOCATION OR CHANGE OF OWNERSHIP:**

To re-license a Pharmacy because of a change of ownership or change of location, complete the “Application for the Licensure of an In-State Pharmacy” (**Form #609**), making sure to provide all information requested.

Wis. State Stats. § 450.06 (3), requires that a new Pharmacy license be obtained following a change of ownership. The chart on the following page sets forth when a change of ownership is deemed to have occurred or not occurred. Following the issuance of a new license, that new licensee must also renew that new license at the next required renewal date, regardless of when that new license was issued.

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OWNER	TRANSACTION	CHANGE OF OWNERSHIP
Individual	Sells Pharmacy to another	YES
Individual	“Incorporates” him or herself and there are no other shareholders	NO
Individual	Incorporates and adds shareholders other than self, or goes into partnership with other(s)	YES
Partnership	Sells pharmacy to another	YES
Partnership	Members of partnership change <u>and</u> dissolves; e.g., individual(s) leaves	YES
Partnership	Members of partnership change, but partners vote not to dissolve unanimously or by partnership agreement	NO
Partnership	Partnership decides to incorporate itself	NO
Corporation	Change in shareholders (including sale of all stock)	NO
Corporation	Sells all assets (as opposed to stock)	YES
Corporation	Becomes a subsidiary or division of another corporation	NO

Wis. State Stats. § 450.06(3), provides in relevant part as follows:

No Pharmacy may be opened or kept open for practice following a change of ownership, unless the Pharmacy is licensed for the new owner notwithstanding any remaining period of validity under the Pharmacy’s license under the previous owner.

Limited Liability Companies created under Wis. State Stats. § 183 are the same as Corporations for change of ownership.





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## AFFIDAVIT OF APPLICANT:

I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the license applied for is to cover only the Pharmacy indicated above and at the location specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

## CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

**Applicant Signature**

 /  / 

**Date**

**Printed Name**

**Printed Title**