

**STATE BOARD OF PHARMACY**

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**REGISTRATION APPLICATION:
Automated Drug Delivery System
Form BA - 21****INSTRUCTIONS**

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff. This form is to be completed by a **managing pharmacy**, located in Kansas, who will have an automated drug delivery system located in a pharmacy, institutional drug room, long-term care facility, or medical care facility. Please submit this form prior to the initial stocking or use of an automated drug delivery system. See K.A.R. 68-9-2(a) for definition of an automated drug delivery system.

FEES

Enclose a check or money order payable to the Kansas State Board of Pharmacy in the amount of \$20.00. Fees are nonrefundable.

Please indicate the date of installation of the automated drug delivery system: _____

MANAGING PHARMACY (Must be located in Kansas)

Name		Kansas Registration Number	
Physical Address			
City	State	Zip	County
Phone	Fax		Email
PIC Name		PIC License Number	

FACILITY RECEIVING AUTOMATED DRUG DELIVERY SYSTEM

Name		Kansas Registration Number	
Physical Address			
City	State	Zip	County
Phone	Fax		Email
PIC Name (If Applicable)		PIC License Number (If Applicable)	

DRUG SCHEDULES (Check all that apply for this automated drug delivery system)

- | | |
|---|--|
| <input type="checkbox"/> Schedule II narcotic | <input type="checkbox"/> Schedule III non-narcotic |
| <input type="checkbox"/> Schedule II non-narcotic | <input type="checkbox"/> Schedule IV |
| <input type="checkbox"/> Schedule III narcotic | <input type="checkbox"/> Schedule V |

If you selected any Drug Schedules above, please provide one of the following for the automated drug delivery system:

- Current DEA Registration Number _____ Expiration Date _____
- The submission date for the pending DEA Registration Application _____

PIC CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I am the pharmacist-in-charge acting on behalf of the applicant, and I hereby accept responsibility for operating in compliance with all state and federal laws, which shall include compliance with the Kansas Pharmacy Act and Kansas Controlled Substances Act.

SIGNATURE _____

DATE SIGNED _____