

**STATE BOARD OF PHARMACY**

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**REGISTRATION APPLICATION:  
Automated Drug Delivery System  
Notice: Installation or Removal  
Form N-100**

**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. See K.A.R. 68-9-2(a) for definition of an automated drug delivery system. Please submit this form prior to the initial stocking, use, or removal of an automated drug delivery system.

**Please indicate if this is a new notice of installation or removal of automated drug delivery system:**

- New Notice of Installation Start Date: \_\_\_\_\_  
 Notice of Removal of Automated Delivery System Removal Date: \_\_\_\_\_

**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 \_\_\_\_\_