

**STATE BOARD OF PHARMACY**

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**REGISTRATION APPLICATION:
Automated Drug Delivery System
Notice: Installation or Removal in
Pharmacy, Medical Care, or IDR
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 for a pharmacy located and registered in Kansas, which will have an automated drug delivery system located in that pharmacy, institutional drug room, or medical care facility. (For Automation being placed in a Long-term Care Facility, use form BA-21).
- See K.A.R. 68-9-2(a) for definition of an automated drug delivery system.
- Submit this form prior to the initial stocking, use or removal of the automated dispensing 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: _____

FACILITY (Must be located and registered in Kansas)

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

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