

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
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**REGISTRATION APPLICATION:
Facility Disciplinary History
Form S-300****INSTRUCTIONS**

If you or your facility answered 'Yes' to any of the disciplinary history questions on an application or renewal, you must fully and truthfully report the entire disciplinary history to the Board for review and consideration.

If the disciplinary history reported is specific to an individual owner/officer/PIC and relates to any substance abuse, diversion, or criminal or offense history, complete the Personal History Form S-150 instead of this form.

STATEMENT

Provide a written statement to the Board explaining the facts, events and circumstances resulting in the discipline being disclosed. List any additional facts that explain why this facility should be registered, including:

- The nature and extent of any rehabilitation, facility changes or other measures designed to prevent recurrence or correct the issue.
- Current staff's level of competence.
- Extenuating or mitigating circumstances regarding any illegal activities or wrongdoing.
- Reasoning for any false statements or misrepresentations made to the Board, whether accidental or intentional.

SUPPORTING DOCUMENTS

Please provide the following supporting documents:

- Inspections or other closure documents evidencing correction of any noncompliance or error, as well as compliance with any directive or order of any state or federal agency.
- Certificates of completion for any training programs.
- New facility or staff processes or guidelines for prevention and mitigation of future noncompliance or error.
- Legal documents (stipulation, order, letter, inspection, notice, etc.) from any state or federal agency related to the discipline being disclosed.

FACILITY INFORMATION

Registration Number (if issued)

Facility Name

Physical Address (non-residential, no PO Box)

City

State

Zip

County

OWNER/APPLICANT CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided on this form and in all associated statements and supporting documents is true, correct, and complete to the best of my knowledge.

OWNER OR AUTHORIZED AGENT

DATE SIGNED