



Kansas State Board of Pharmacy
800 SW Jackson, Room 1414
Topeka, KS 66612
Main: 785-296-4056
Toll Free: 888-RXBOARD
Fax: 785-296-8420
www.kansas.gov/pharmacy

APPLICATION FOR APPROVAL OF AN INNOVATIVE (PILOT) PROGRAM

Applicant-Please provide the information requested below. (Print or Type) Use full name not initials

Title of Pilot Program		
Name of Pharmacy where pilot program is to be conducted	Pharmacy Permit Number	
Street Address	Area Code and Telephone Number	
City	State	Zip Code
Name/Email of Kansas licensed pharmacist responsible for pilot program Pharmacist	Kansas License Number of Responsible	

If requesting that the pilot project be conducted at more than one pharmacy or location, provide a list of additional locations and responsible pharmacists as Attachment 8.

Responsible pharmacist need not be the PIC of the pharmacy, but should be the pharmacist who will most closely oversee and supervise the operation of the pilot program. If the responsible pharmacist does not have administrative/organizational authority for the pharmacy, this application must be cosigned by the pharmacist who does have this authority.

If proprietary/privileged information is included in application please label as such.

Please attach the following additional information and label as indicated. Please write this in lay terms which can be easily understood by non-pharmacists and persons not familiar with computers or other technology to be used in the practice of pharmacy:

Label

Description

Attachment 1: A brief description, narrative, or summary of the new process or procedure for which approval is being sought.



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- Attachment 2: A listing of the laws or regulations for which waivers are being requested through approval of this pilot program and a brief explanation why each waiver is needed.
- Attachment 3: An explanation as to the rationale and objectives for the program, i.e. benefit to the patient or industry. If applicable, this explanation should include how protections for patients will be incorporated into the project and how they will be assessed/measured/reported to the Board.
- Attachment 4: A summary of outcomes which will be measured, method for measuring, and timelines for measurements and reporting to the Board, including requested duration of the approval.
- Attachment 5: Any measures which will be taken to ensure security of drug product and Confidential/HIPAA information in the execution of the pilot program, if applicable.
- Attachment 6: Disclosure of any financial interests, if applicable.
- Attachment 7: Any additional supporting information, such as technical or other descriptive literature describing equipment or a process, or information from another state where this process or procedure has been tested, etc.
- Attachment 8: List any additional pharmacies, permit numbers, corresponding responsible pharmacists and their license numbers if requesting that the pilot program be conducted at multiple sites.

I attest that the information furnished on this application is true and correct to the best of my knowledge.

Signature of applicant: _____

Date: _____