



STATE BOARD OF PHARMACY
 800 SW Jackson, Suite 1414
 Topeka, Kansas 66612-1244
 www.pharmacy.ks.gov (785)296-4056

**REGISTRATION RENEWAL:
 Manufacturer
 Form BR-04**

All applications must be typed, be complete, and include all fees and supporting documentation before they will be processed by staff.

FEES

Enclose a check or money order payable to the Kansas State Board of Pharmacy in the amount of \$350.00. Fees are nonrefundable. If renewal is postmarked after June 30th, the fee is \$700.

NOTICE

If the physical location, ownership, or name has changed from what is printed on the registration, please go to our website or contact our office at pharmacy@ks.gov.

REQUIREMENTS FOR RENEWAL (Visit <https://pharmacy.ks.gov/licensing-registration/business-facility> for more information.)

Non-resident facilities: Attach a copy of the most recent **inspection report** conducted at the current physical location within the past three years by the state of residence, NABP, or FDA.

Virtual facilities:

1. Attach a list of all products manufactured, as well as the name, address, and phone number of all FDA-registered contract manufacturers.
2. Attach a copy of the most recent report of an FDA inspection of manufacturing activities for each manufacturer contracted with the virtual facility to provide any product that is shipped into Kansas.

MANUFACTURING FACILITY INFORMATION

Name (printed on registration)	Kansas Registration Number
FDA Registration Number (if registered)	FDA Registration Expiration Date

UPDATE CONTACT INFORMATION (Complete only the fields that you wish to update in our database)

Phone	Fax	Email
Hours of Operation		

PRACTICE QUESTIONS

- Yes No **Is the facility registered by the DEA to manufacture or ship controlled substances?**
 If yes, please provide DEA certificate.
- Yes No **Are you operating as a virtual distributor or virtual manufacturer?**
 If yes:
 Yes No Are you required to register in your home state?
 Yes No Does the facility have adequate lighting, ventilation, temperature controls, humidity, space, equipment, sanitation, and security, and is the facility free of any infestation and maintained in a clean and orderly condition?
- Yes No **Are all Kansas businesses or individuals you conduct business with licensed or registered to possess drugs or devices in Kansas?**

Initials: _____	OFFICE USE ONLY		
Permit #: _____	Fee: \$ _____	Date: _____	Check #: _____



STATE BOARD OF PHARMACY
800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

**REGISTRATION RENEWAL:
Manufacturer
Form BR-04**

DISCIPLINARY INFORMATION

Answer these questions for the time period since the last renewal (or from the initial application if registered in the past year).

Applicant includes the legal ownership entity as well as each individual, owner, partner, corporate officer, or director.

- Yes No 1. Has the applicant been convicted under any federal, state, or local law relating to drug samples, wholesale or retail drug distribution, manufacturing, dispensing, or distribution of any drug or controlled substance?
- Yes No 2. Has the applicant been convicted of or entered a plea of no contest to any felony?
- Yes No 3. Has any license or registration, currently or previously held by the applicant been denied, disciplined, censured, revoked, suspended, or surrendered for the dispensing, manufacture or distribution of any drug or controlled substance?
- Yes No 4. Has the applicant ever furnished false or fraudulent material on any application made in connection with the dispensing, manufacture or distribution of any drug?
- If yes to any of the above questions, please attach Form S-300: Disciplinary History.**
- Yes No 5. Has the applicant complied with all registration requirements under any previous or current licenses or registrations?
- Yes No 6. Has the applicant complied with all requirements to maintain and make available to the Board or to any federal, state, or local law enforcement officials those records required by the Food, Drug, and Cosmetic Act?
- Yes No 7. Has each employee or associate engaged in any prescription drug wholesale distribution activity had education, training, or experience sufficient for that individual to perform assigned functions in such a manner as to provide assurance that the drug product, quality, safety, and security will at all times be maintained as required by any federal or state law?

If no to any of the above questions, please attach a detailed explanation along with any relevant documentation.

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 is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

PRINTED NAME

EMAIL