

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
 Topeka, Kansas 66612-1244  
 www.pharmacy.ks.gov (785)296-4056  
 pharmacy@ks.gov Fax (785) 296-8420

**REGISTRATION APPLICATION:  
 Non-Resident Pharmacy  
 Form BA-22**

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 \$112.00. Fees are nonrefundable.

**RESIDENT STATE**

Attach a copy of your **current pharmacy registration**, an **official license verification** from your home-state indicating the pharmacy is actively licensed and in good standing with the Board of Pharmacy, the **most recent inspection report** conducted within the past 18 months by the state of residence or the National Association of Boards of Pharmacy, and the **S-350 Non-Resident Information form**.

**OWNERSHIP**

The Owner is considered the "applicant" for purposes of this form. If the Owner is a corporate or other legal entity, please complete and attach the appropriate **Ownership Form** (S-310 Partnership, S-320 LLC, or S-330 Corporate). If the pharmacy is owned by other LLCs, partnerships, holding companies, etc., please submit information down to a person level of ownership.

**Please indicate if this is a new application or a change:**

New Application      Change (Check all that apply):  Address       Ownership       Name  
 Previous registration number: \_\_\_\_\_ Effective date of change: \_\_\_\_\_

**OWNER INFORMATION**

Name			
Address			
City	State	Zip	County
Phone	Fax	Email	
Ownership Type:			
<input type="checkbox"/> Individual Provide SSN: _____		<input type="checkbox"/> Government Entity Provide FEIN: _____	
<input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation			
Complete and attach the appropriate Ownership Form (S-310 Partnership, S-320 LLC, or S-330 Corporate)			

**PHARMACY INFORMATION**

Name		Attach a list of all state registration numbers held by this facility.	
Physical Address (non-residential, no PO Box)			
City	State	Zip	County
Phone	Fax	Email	
Resident State	Registration Number	Original Issue Date	Expiration Date
Website	Can patients purchase prescriptions online? <input type="checkbox"/> Yes <input type="checkbox"/> No		NABP e-Profile ID
Toll Free Phone Number		Store/Facility Hours	
Pharmacy Hours of Operation		Hours/Week Pharmacist on Duty	

**Designate where all formal correspondence, notices, and renewals should be sent:**

Owner       Physical Location       Authorized Agent

Initials: _____	<b>OFFICE USE ONLY</b>
Permit #: _____ Fee: \$ _____ Date: _____ Check #: _____	



**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056  
pharmacy@ks.gov Fax (785) 296-8420

**REGISTRATION APPLICATION:  
Non-Resident Pharmacy  
Form BA-22**

**AUTHORIZED RESIDENT AGENT INFORMATION** (Per KAR 68-7-12a, must be filed with Kansas Secretary of State)

Name		Title	
Address			
City	State	Zip	County
Phone	Fax	Email	

**PHARMACIST-IN-CHARGE**

Name	Kansas License Number	All non-resident pharmacies must have a Kansas-licensed pharmacist in charge per K.A.R. 68-7-12a.
Phone	Fax	Email

Yes  No Has the PIC ever been a PIC in Kansas before?

If yes, Pharmacy Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**PHARMACY TYPE** (Check all that apply)

- Retail – Chain
- Retail – Independent
- Mail Order
- Other: \_\_\_\_\_

**DRUG SCHEDULES** (Check all that apply)

- Schedule II narcotic
- Schedule II non-narcotic
- Schedule III narcotic
- Schedule III non-narcotic
- Schedule IV
- Schedule V
- Other: \_\_\_\_\_

If you selected any Drug Schedules above, please provide either:

- A copy of the current DEA Registration  
Current DEA Registration Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
- The submission date for the pending DEA Registration Application \_\_\_\_\_

If you did not select any Drug Schedules above, please submit a completed K-10 K-TRACS Notice of Exemption from Reporting Form.

**ADDITIONAL INFORMATION**

- Yes  No 1. Does the pharmacy perform any compounding?  
If yes, select all that apply:  Sterile  Non-sterile

**DISCIPLINARY INFORMATION**

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

- Yes  No 1. Has the applicant or any pharmacist employed by the applicant been convicted of any violation of the federal Food, Drug and Cosmetic Act?
- Yes  No 2. 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 3. Has the applicant or the PIC been convicted of any felony or drug-related misdemeanor?
- Yes  No 4. Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state or federal government?

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?

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



**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056  
pharmacy@ks.gov Fax (785) 296-8420

**REGISTRATION APPLICATION:  
Non-Resident Pharmacy  
Form BA-22**

**LICENSED PHARMACISTS** (List all pharmacists working in the non-resident pharmacy. Attach additional pages if needed.)

Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State
Name	License Number	State

**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

**OWNER 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