

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
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**REGISTRATION APPLICATION:
Self-Inspection Attestation
Form N-300**

INSTRUCTIONS

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

This form is for non-resident facilities, only. This attestation should be completed in conjunction with a Self-Inspection Form in the event a non-resident pharmacy or facility has not received a home-state inspection in the time frame mandated by Kansas law for registration as a pharmacy or other facility. Self-Inspection forms may be found on the [Businesses and Facilities](#) page of the Board's website.

- Non-Resident Pharmacies – use NRI-22 inspection form
- Wholesale Distributors – use I-05 inspection form
- Nonprescription Drug Distributors – use NRI-06 inspection form

All questions on the self-inspection must be answered. Incomplete inspection reports will not be accepted. Please keep a copy of this attestation and the self-inspection report for your records.

PHARMACY OR FACILITY INFORMATION

Name	Kansas Registration Number
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Reason for self-inspection:

INDIVIDUAL AUTHORIZED BY OWNER TO COMPLETE SELF-INSPECTION

Name	Title
Direct Phone Number	Direct Email Address

I understand that pursuant to the Pharmacy Act of the State of Kansas and regulations adopted thereunder, the applicant and/or registrant provided herein is required to submit a satisfactory inspection report to the Kansas Board of Pharmacy in conjunction with the application for registration and/or renewal. I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form, that the information provided herein and on the Self-Inspection form submitted is true, correct, and complete to the best of my knowledge, that no home-state inspection has been completed in the time frame required by Kansas law, and that the Self-Inspection form is submitted in lieu of a home-state inspection.

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE SIGNED