



**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:  
 Open Records Request  
 Form C-800**

**INSTRUCTIONS**

Please complete this form and submit it to the address above for requests of public records maintained by the Kansas State Board of Pharmacy. You will be provided notice of receipt of your request within three business days. Requests for public records will be acted upon as soon as possible. The Board cannot guarantee that a request will be processed by a certain date.

Requirements for obtaining and disclosure of public records are set forth in the Kansas Open Records Act, K.S.A. 45-215, *et seq.*

**FEEES**

*IF YOU ARE A NON-RESIDENT:* Requests for lists generated directly from the Board's licensing database will be charged at **\$45** per list if the requestor is a non-resident. Lists will be provided in Excel format and emailed at no additional charge. Payment must be by check or money order made payable to the Kansas State Board of Pharmacy.

*IF YOU ARE A KANSAS RESIDENT:* Requests for lists generated directly from the Board's licensing database will be free of charge if the requestor is a Kansas resident.

All other requests will be charged based on the staff time required (based on staff hourly wage), the number of pages copied, scanned, or emailed (\$0.25 per page\*), and any postage fees. The Board will provide an estimate of the fees before gathering and processing or providing access to the records. Any estimated fees must be paid before the agency processes the request. Any excess amounts will be refunded. However, if the request takes longer than anticipated, staff will notify the requestor and request payment of any additional costs before releasing requested records.

\*Exception: There will be no charge for the copying of the first 100 pages of a document responsive to an open records request made by a resident of Kansas.

**REQUESTOR INFORMATION**

Name			
Street Address			
City	State	Zip	County
Home Phone	Cell Phone		Email

**REQUESTED LISTS** (Check all that apply)

- | <u>Profession</u>                                | <u>Fields</u>  | <u>Sort Order</u>                     | <u>Status</u>                     |
|--|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Pharmacist              | <input type="checkbox"/> Name                        | <input type="checkbox"/> Alphabetical | <input type="checkbox"/> Active   |
| <input type="checkbox"/> Intern/Student          | <input type="checkbox"/> Address                     | <input type="checkbox"/> Zip Code     | <input type="checkbox"/> Inactive |
| <input type="checkbox"/> Technician              | <input type="checkbox"/> City                        | <input type="checkbox"/> City         | <input type="checkbox"/> All      |
| <input type="checkbox"/> Kansas Pharmacies       | <input type="checkbox"/> State                       | <input type="checkbox"/> County       |                                   |
| <input type="checkbox"/> Non-Resident Pharmacies | <input type="checkbox"/> License/Registration Number |                                       |                                   |
| <input type="checkbox"/> Distributors            | <input type="checkbox"/> Original Issue Date         |                                       |                                   |
| <input type="checkbox"/> Manufacturers           | <input type="checkbox"/> Expiration Date             |                                       |                                   |
| <input type="checkbox"/> All Facilities          |  |                                       |                                   |



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**DETAILED DESCRIPTION OF OTHER RECORDS REQUESTED** (Attach additional pages if needed)

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**CERTIFICATION** (Pursuant to K.S.A. 45-220)

*I hereby declare under penalty of perjury under the laws of the State of Kansas, that the undersigned and/or any person(s) authorized by the undersigned have no intention to and will not use the requested information for any of the following:*

- (A) *Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person who resides at any address listed;*
- (B) *Sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any listed person or to any person who resides at any address listed.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE SIGNED

Initials: \_\_\_\_\_

**OFFICE USE ONLY**

Check #: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Date Emailed: \_\_\_\_\_