



**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 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. Upon review of the N-300 form, a member of the Board of Pharmacy licensing team will be in contact regarding any additional information needed.

**PHARMACY OR FACILITY INFORMATION**

Name	Kansas Registration Number
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Justification for self-inspection:

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**INDIVIDUAL AUTHORIZED BY OWNER TO COMPLETE N-300 form**

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