

**STATE BOARD OF PHARMACY**

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**REGISTRATION APPLICATION:
Hospital Electronic Supervision
Services
Form S-500**

INSTRUCTIONS

All applications must be typed, be complete, and include all supporting documentation before they will be processed by staff.
If applying for more than one remote pharmacy location, a separate application must accompany each request

SUPPLEMENTAL INFORMATION

Please provide the type and operational capabilities of the computer, video, and communication systems to be used for the electronic supervision and a copy of the electronic supervision procedures manual and training manual approved by the pharmacist in charge of the medical care facility's pharmacy with this application. Please see K.A.R. 68-22-1 for definitions.

PHARMACY OR PHARMACIST PROVIDING ELECTRONIC SUPERVISION

Name		Kansas Registration Number	
Physical Address			
City	State	Zip	County
Phone	Fax		Email
PIC Name		PIC License Number	

HOSPITAL RECEIVING REMOTE SERVICE INFORMATION

Name		Kansas Registration Number	
Physical Address			
City	State	Zip	County
Phone	Fax		Email
PIC Name (If Applicable)		PIC License Number (If Applicable)	

Check here if this is a reciprocal electronic supervision services relationship.

PIC CERTIFICATION

I hereby attest that the provider pharmacy and the remote facility have a written contract or agreement which outlines the services to be provided and the responsibilities and accountabilities of each party in fulfilling the terms of the contract or agreement in compliance with federal and state laws and regulations.

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 the pharmacy and all electronic supervision locations 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