



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

New York State Board of Pharmacy
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INSTRUCTIONS FOR PRELIMINARY REGISTRATION OF AN OUTSOURCING FACILITY

NAME TO REGISTER: _____

PLEASE USE THIS FORM AS A CHECK OFF LIST TO INDICATE WHAT IS ENCLOSED. MAKE A COPY AND RETURN THIS LIST WITH THE APPLICATION.

1. _____ Completed "Application for Initial Registration or Transfer of Ownership of Outsourcing Facility" Form (OF-100)
2. _____ Completed "Outsourcing Facility Information Form" (OF 111)
3. _____ Complete Diagram on OF 111, indicate total registered area (highlight registered area if not the whole building). Indicate surrounding businesses on this diagram.
4. _____ Check for \$825.
5. _____ The Certificate of Incorporation (corporation) or Articles of Organization. (LLC) or Partnership Agreement stating the name and purpose of the corporation/LLC/partnership. **THIS IS THE NAME YOU MUST REGISTER. PLEASE IDENTIFY YOUR ESTABLISHMENT BY THIS NAME WHENEVER YOU CORRESPOND WITH THIS OFFICE.**
6. _____ Filing Receipt from Secretary of State for Certificate of Incorporation or Articles of Organization.
7. _____ Documentation/ Minutes indicating the officers or partners. (please highlight this area of the document or minutes)
8. _____ Documentation/ Minutes indicating the stock distribution, number of shares must be shown for principle owners of more than 10% of stock. (please highlight this area of the minutes)
9. _____ Copies of signed and dated issued share certificates.
10. _____ Photo ID's: copy of Driver's License or Passport of owners/officers/partners
11. _____ Certificate of Assumed Name.
12. _____ Filing Receipt for Assumed Name
13. _____ Certificate of Occupancy
14. _____ Photos of all outside signs on the registered establishment
15. _____ Photo of the **REGISTERED NAME OF THE CORPORATION, LLC OR PARTNERSHIP ON THE EXTERIOR.**
16. _____ Deed or Lease **TO THE REGISTERED NAME OF THE CORPORATION, LLC OR PARTNERSHIP DEED, LEASE OR ASSIGNMENT OF LEASE MUST BE TO THE REGISTERED ESTABLISHMENT**
17. _____ **IF A LEASE IS TO A PARENT COMPANY OR PREVIOUS OWNER Assignment of lease for the premises where applicable to the NAME OF THE CORPORATION YOU ARE REGISTERING**
18. _____ Final product label with **REGISTERED NAME OF THE CORPORATION, LLC OR PARTNERSHIP**
19. _____ Verification that the establishment is properly registered with the Food and Drug Administration (FDA)
20. _____ Copy of FDA inspection
21. _____ List of products to be compounded at the facility. Provide notation for products on FDA's drug shortage list or products prepared from bulk drug substances

TRANSFER OF OWNERSHIP:

22. _____ Bill of Sale (required before the registration can be issued)
23. _____ Merger requires legal papers indicating the merger
24. _____ Transfer of ownership to an estate requires a letter of testamentary or letter of administration from the Surrogate's Court.

OUT OF STATE BUSINESS:

25. _____ Filing receipt for authority to do business in New York State.
26. _____ Filing receipt to do business in the state of origination.

AFTER YOUR APPLICATION IS REVIEWED BY THIS OFFICE, YOU WILL BE MAILED A LETTER WITH INSTRUCTIONS TO CALL THE OFFICE OF PROFESSIONAL DISCIPLINE TO SCHEDULE AN APPOINTMENT FOR AN INSPECTION OF YOUR ESTABLISHMENT. EVERY ESTABLISHMENT MUST BE INSPECTED.