



Pharmacy Ancillary Utilization Application

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In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Pharmacy Quality Assurance
Commission Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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Pharmacy Quality Assurance
Commission
PO Box 47877
Olympia WA 98507-7877
360-236-4700

Pharmacy Ancillary Utilization Application Intake and Approval Process

[RCW 18.64A.060](#)

Process for new license applications with Ancillary utilization Applications

Pharmacies that are applying for an initial license with a Pharmacy Ancillary Utilization Plan (AUP) must be submitted 60 days prior to the Pharmacy Commission Business meeting. Submit all documents to the address listed above.

If your application with an AUP is submitted less than 60 days prior to the Pharmacy Commission Business meeting, it will not be placed on the meeting agenda until the next business meeting of the Pharmacy Commission.

Process for existing Ancillary utilization Applications

All existing AUPS must be resubmitted for review and approval by the Commission based on a schedule established by the Commission. Existing Pharmacies will be notified by the Commission when they should submit their AUP for approval. Pharmacies may continue to operate under their existing AUPs until and unless they are notified otherwise by the Commission.

Per Commission guidance: All functions shall be listed in the AUP application. Specialized functions are no longer required to be submitted separately.

Note: The **fee** is applicable to a pharmacy's original AUP application, ownership, and location changes. No fee is required for updated AUPs.

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Date
Stamp
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Fee	
Ancillary Utilization	Fee
Check the fee page for current fees.	
All application fees are nonrefundable	

Revenue: 0262010000

Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health [website](#).

Note: Utilization plans for technicians and assistants must accompany this application.

Select One: New Update

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #		
Legal Owner/Operator Name			
Pharmacy License #			
Pharmacy Name			
Physical Address			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)	

2. Facility Specific Information

Number of Employees:

Pharmacists _____ Technicians _____ Assistants _____

3. Key Individuals

Responsible Pharmacist _____ License # _____

Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative of Pharmacy

Date

Print Name

Print Title

Signature of Responsible Pharmacist

Date

Print Name of Responsible Pharmacist

Print Title of Responsible Pharmacist