

APPLICATION FOR WHOLESALE DISTRIBUTOR PERMIT

ATTACHMENT 1 DESIGNATED REPRESENTATIVE

Place a recent photograph in this space

Attach a photograph showing your face, with a three quarter view. The photograph **must be recent and in good condition.**

- Please print clearly in ink or type in upper case letters only.
- Complete all application sections and sign. **Incomplete forms will delay the issuance of your permit.**

I certify that this is a photograph of me taken within the previous 180 days of submitting this application.

Signature: _____

1. IDENTIFICATION

First Name:					
Middle / Maiden Name:					
Last Name:					
Street Address:					
City:		State:		Zip:	
Work Phone:					
Date of Birth:		Place of Birth:			
Email Address:					

2. PLACES OF RESIDENCE

Complete the following table with your places of residence for the previous seven (7) years.

Dates(s)	Address	City, State, Zip

3. EMPLOYMENT INFORMATION

Complete the following table with your places of employment for the previous seven (7) years.

Employer Name	Job Title	Date of Hire	Date of Termination	Address	City, State, Zip

4. PERSONAL ATTESTATION QUESTIONS

Initial each statement to indicate your understanding and agreement to abide by the requirements of a designated representative for a wholesale distributor:

_____	Employed full time for at least 3 years in a pharmacy or with a wholesale distributor in a capacity related to the dispensing and distribution of, and record keeping related to prescription drugs.
_____	Employed by the applicant full time in a managerial level position.
_____	Actively involved in, and aware of, the daily operation of the wholesale distributor.
_____	Physically present, except for an authorized absence such as sick or vacation leave, at the facility of the applicant during regular business hours.
_____	Serving as a designated representative for only one applicant at a time, or for two or more members of an affiliated group as defined in §1504 of the Internal Revenue Code.
_____	Does not have any convictions for a violation of any federal, state or local laws relating to wholesale or retail prescription drug distribution or distribution of controlled substances.
_____	Does not have any convictions for a felony under federal, state, or local laws.

5. ADDITIONAL QUESTIONS	
If you answer "YES" to any question, please provide a detailed explanation (attach additional pages if necessary) and supporting documentation. Failure to provide complete and correct information may result in delay, or denial, of your wholesale distributor application.	
1. Have you been involved with or have any investments in any business(es) that manufactures, administers, prescribes, distributes or stores prescription drugs (other than the ownership of stock in a publicly traded company or mutual fund)?	YES NO
2. Have you been involved with or have any investments in any business(es) that manufactures, administers, prescribes, distributes or stores prescription drugs (other than the ownership of stock in a publicly traded company or mutual fund) that has been named a party in a lawsuit?	YES NO
3. Have you been the subject of any proceeding for the revocation of any professional or business license or any criminal violation? If yes, provide the details of the nature and disposition of the proceeding.	YES NO
4. Have you been enjoined, either temporarily or permanently, by a court of competent jurisdiction from violating any federal or state law regulating the possession, control, or distribution of prescription drugs? If yes, provide the details and any documentation regarding the event.	YES NO
5. Have you been found guilty of any misdemeanor or felony offense (regardless of whether adjudication of the guilt was withheld, you pled guilty or nolo contendere** or whether the criminal conviction is under appeal) as an adult?	YES NO
6. Do you have a criminal conviction currently under appeal at the time of this application? If yes, a copy of the notice of appeal (a final written order of disposition must be submitted within 15 days after the disposition of the appeal) should accompany this application.	YES NO

**** Nolo contendere-** A plea in a criminal case which has a similar legal effect as pleading guilty. The defendant does not admit or deny the charges, but a fine or sentence may be imposed based on this plea.

SIGNATURE: Designated Representative			
By signing this application, I solemnly affirm under the penalties of perjury that the contents of this section (Section VII) of the application are true to the best of my knowledge, information, and belief. I further certify that I am aware of and will meet the requirements of a Designated Representative under the Maryland Pharmacy Act and Maryland Board of Pharmacy regulations pertaining to Wholesale Distribution Permitting. I understand that in the Maryland wholesale distributor permit issued pursuant to this application may be revoked if any assertion made in this application is found to be false.			
Name: _____			
Date of Birth: (must be minimum 21 y/o)	_____	Place of Birth:	_____
Telephone #:	_____	Fax #:	_____
Signature:	_____		
Date:	_____		

CRIMINAL BACKGROUND CHECK	
Initial each line and attach information with the application.	
_____	1. Two complete sets of legible fingerprints taken on forms approved by the Director of the Central Repository and the Director of the Federal Bureau of Investigations;
_____	2. Regarding the background checks, Maryland law changed in 2012 and now requires the Designated Representative and Supervisor of the Designated Representative to have the background check, both State and Federal completed in the state of residence.
<p>There have been issues with obtaining the federal background check in other states, specifically; the MD ORI # is not acceptable outside of Maryland.</p> <p>There are currently two options regarding the Federal background check:</p>	
	1. Have the state check completed in the State of residence also submit background cards for the State and Federal level checks to the State of Maryland for processing (the federal check cannot be completed without the state check).
	2. Submit the federal background check directly to the FBI also submit a request to the Maryland Board of Pharmacy for an extension pending the receipt of the federal background results (http://www.fbi.gov/about-us/cjis/background-checks).