



**Miscellaneous Medical Facilities
Pharmacy
Supplemental Application**

Name of Organization:	Completed by (Print Name):	Date:
Facility Type:	Signature:	

1. Number of Pharmacists _____ Number of Pharmacy Techs _____
2. Do the pharmacists purchase their own insurance? Yes No
If yes, what limits _____
3. Do practitioners have current state licenses in the states which they consult as required by individual laws? Yes No
4. Is there an orientation program for all employees involved in medication management? Yes No
5. Are competency skills checked for applicable aspects of medication management during orientation and annually? Yes No
6. What pharmacy services are provided:

	Receipts			Receipts	
	Current	Projected 12 Months		Current	Projected 12 Months
Retail			Administration of medications		
Mail order			Home IV infusion		
Delivery			Counseling patients		
Distribution			Temporary staffing		
DME*			Research / drug trials		
Other			Monitoring		

- *For DME please also complete DME supplemental application
7. Do you specialize in any treatment area? (For example, HIV or cancer therapy) Yes No
If yes, describe: _____
 8. Do you provide services to healthcare facilities? Yes No
If yes: Nursing Home Hospital Home Health Practitioners
 9. Are there written policies / procedures in place for:

Medication administration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication dispensing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication storage, including packaging and temperature control	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quality checks to ensure delivery of medications to the correct patient	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication protocols for verification of phone orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Questionable orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security of controlled drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a database with patient profiles, including allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
 10. Does the computer system detect drug contraindications, interactions, duplications against medical history? Yes No
 11. Does the computer system perform pediatric dose range checks? Yes No
 12. Are special alerts built into the system concerning look alike sound alike drugs? Yes No
 13. Is a unit dose system used? Yes No
 14. Is bar coding used? Yes No
 15. Are robotics used? Yes No
 16. Are anti-free-flow infusion sets used? Yes No