



## **Pharmacy Remodel Application Packet**

### **Contents:**

1. 690-372 ..... Contents List/Mailing Information .....1 page
2. 690-366 ..... Application Instructions Checklist .....2 pages

### **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

(This page intentionally left blank.)



Washington State Department of

Health

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

**Fee**  
Check the [fee page](#) for the current **inspection fee**.  
All application fees are nonrefundable

**Pharmacy Remodel Application**

An application for remodel is required for any modification or alteration of a pharmacy’s location that includes changes to a previously approved area, room or pharmacy building. Alterations include any physical or functional changes, additions, or modifications to an existing pharmacy or a portion of an existing pharmacy. Pharmacies must complete and submit the remodel application, pay a fee, and undergo inspection. This application and fee will also cover the inspection of a temporary location due to the remodel, if applicable.

Pharmacies that are under a DOH health care facility license are also required to obtain construction approval through the department’s Construction Review program. DOH health care facility licenses include acute care hospitals, psychiatric hospitals, alcoholism hospitals, ambulatory surgery facilities, and hospices. If you have questions as to whether your pharmacy is required to obtain a construction review approval, or you would like to begin the application process, please contact the Construction Review program at: [crs@doh.wa.gov](mailto:crs@doh.wa.gov).

An application for remodel is required for modification or alteration of all other PQAC licensed facilities (HCE, HPACs, wholesalers, manufacturers, etc.) that undergo a change of the facility as it relates to compounding or a negative impact on security (e.g., increased diversion risk). Licensees must complete and submit the remodel application, pay a fee, and undergo inspection.

Questions surrounding the remodel process and related inspection(s) may be directed to the PQAC general inbox at: [wspqac@doh.wa.gov](mailto:wspqac@doh.wa.gov)

Facility Name			
Physical Address			
City	State	Zip Code	Facility Phone (enter 10 digit #)
Facility License Number			
Name of Responsible Pharmacy Manager or Equivalent Manager			
Email of Responsible Pharmacy Manager or Equivalent Manager			
Contact Person (if different than above)			
Contact Email Address (if different than above)			
Contact Person Phone Number			

Provide and estimated timeline to begin construction:

Provide an estimated duration of construction:

Temporary Location during construction, if applicable:

Attach a diagram of the existing area to this application.

Attach a diagram of the planned remodel to this application.

Description of the remodel:

\_\_\_\_\_  
Signature of Owner/Authorized Representative

\_\_\_\_\_  
Printed name of Owner/Authorized Representative

\_\_\_\_\_  
Date