



## **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

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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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Washington State Department of

Health

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

Date Stamp Here

Fee	
Ancillary Utilization .....	Fee
Check the <a href="#">fee page</a> for current fees.	
<b>All application fees are nonrefundable</b>	

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