

Draft



STATE OF WASHINGTON  
**Pharmacy Quality Assurance Commission**

PO Box 47852 • Olympia, Washington 98504-7852  
Tel: 360-236-4946 • TTY Relay: 800-833-6384

**December 4, 2020**

**Commission Business Meeting**

**Agenda**

Time: 9:00 AM (Open Session)  
Location: Webinar

Contact: Doreen Beebe, Program Manager (360) 236-4834  
[doreen.beebe@doh.wa.gov](mailto:doreen.beebe@doh.wa.gov) or  
Commission Office: [wspqac@doh.wa.gov](mailto:wspqac@doh.wa.gov)

**Participate in person or register as an attendee by [webinar ID# 574-477-971](#)**

Phone +1 (562) 247 8321

Access Code: 153-277-861

Audio PIN: Shown after joining the webinar

**All attendees will join the call with their audio connection muted. If you wish to speak, please be sure to enter an audio pin given to you when you sign in.**

The times on the agenda for this meeting are approximate and subject to change. The commission may need to adjust times or order of agenda items. The commission may take final action on any matter listed on the agenda, and/or on any matter added to the agenda in a regular meeting. The commission may meet in an executive session closed to the public for any reason listed in RCW 42.30.110, and may take final action in the public portion of the meeting following an executive session. The reason for the executive session and duration will be announced prior to the start of the executive session. The commission may meet in a closed session during this meeting for any reason listed in RCW 42.30.140, including but not limited to deliberations on enforcement (quasi-judicial) matters.

This business meeting is being held by webinar due to the current state of emergency and Governor Inslee's Proclamation 20-05 waiving and suspending the portions of Open Public Meetings Act that requires in-person meetings. This meeting is being recorded for the Department of Health, Pharmacy Quality Assurance Commission's Official Rule-Making file and for future reference.

**9:00 am**

- 1. Call to Order** Tim Lynch, Chair *Action*
  - 1.1** Meeting Agenda Approval – December 4, 2020
  - 1.2** Meeting Minutes Approval – October 1, 2020

**9:10 am**

**2a. Consent Agenda** Items listed under the consent agenda are considered routine and necessary commission matters and will be approved by a single motion of the Commission without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda. **Action item.**

**2.1** National Precursor Log Exchange October 2020

**2.2** Pharmaceutical Firms Application Report Approval – Open/Closed

**a.** September 29 thru November 20, 2020

**2.3** Ancillary Utilization Plans Approval

**a.** Cascara Health Virginia Mason

**b.** Cherry Hill Pharmacy

**c.** Doctors Pharmacy

**d.** Garfield County Hospital

**e.** Gibbons multiple pharmacies

**f.** OP Pharmacy LLC

**g.** Pacific Northwest Specialty Pharmacy

**h.** RLS USA

**i.** Salish Cancer Center

**j.** The Medicine Shoppe

**k.** Yakima Neighborhood Health Services

**2.4** Pharmacy Technician Training Program Approval

**a.** Chesterfield Pharmacy TTP

**b.** Malley's Compounding Pharmacy

**c.** Ostroms Drug TTP

**2b.** Regular Agenda/Items Pulled from 2a. The Commission will discuss items removed from the consent agenda and placed on the regular agenda for separate discussion.

**9:25 am**

**3. Old Business** – The Commission will discuss, for clarification or decision, ongoing topics and issues from previous meetings. **Information/Action.**

**3.1** Update Commission on Medical Commission's rule making regarding prescribers engagement in collaborative drug therapy agreements. ([CR101](#))

**3.2** Suspicious Orders Exemption Application

**3.3** Suspicious Order Letter of Cooperation (LOC)

**3.4** Commission Delegation Forms

**3.5** Guidance Document – Intern Registration

**10:00 am**

**4. New Business** –The Commission will review items of interest related to pharmacy practice for discussion, clarification, information or action by or on behalf of the commission.

**Information/Action.**

**4.1** Discuss NABP's memo regarding change in processing requests for ADA testing accommodations and if the Commission requests an exemption.

**4.2** Review, for approval, a draft of self-inspection worksheet for Health Care Entities.

**4.3** Discuss the Food and Drug Administration's MOU addressing inordinate amounts of distributions of compounded human drug products interstate.

*Draft*

4.4 Identify Commissioner(s) who will participate in the Office of Health Profession's legislation review calls.

4.5 Pharmacy Changes of Ownership

**11:30 am**

**5. Open Forum** (10 minutes)

The purpose of the open forum is to provide the public an opportunity to address the Commission on issues of significance to or affecting the practice of pharmacy. Discussion items may not relate to topics for which a hearing has or will be scheduled. ***Information Only.***

**BREAK** (10 minutes)

**11:50 am**

**6. Panel Review (Panel B)**

6.1 Pharmacist applicant requests Commission approval of her study plan for reauthorization to take the MPJE.

6.2 Pharmacist applicant requests Commission approval of her study plan for reauthorization to take the NAPLEX .

**12:00 pm**

**7. Commission Member Reports - *Information/Action.***

7.1 Update from HPAC Subcommittee

7.2 Commissioner Reports

7.3 Commissioners' open discussion related to items or issues relevant to Commission business/pharmacy practice.

**12:30 pm**

**8. Staff Reports *Information/Action.***

8.1 Executive Director – Lauren Lyles-Stolz

8.2 Deputy Executive Director – Christie Strouse

8.3 Assistant Attorney General – Christopher Gerard

8.4 Pharmacist Inspector Supervisor – Lisa Hunt

**12:45 pm**

**9. Summary of Meeting Action Items** – Commissioner and staff will revisit action items identified during today's business meeting.

**1:00 pm** (approximately)

**Business Meeting Adjourned.**

**Pharmacy Quality Assurance Commission  
Mission Statement**

The mission of the Pharmacy Quality Assurance Commission is to promote public health and safety by establishing the highest standards in the practice of pharmacy and to advocate for patient safety through effective communication with the public, profession, Department of Health, Governor, and the Legislature.

**Vision Statement**

The Washington State Pharmacy Quality Assurance Commission leads in creating a climate for the patient-focused practice of pharmacy as an integral part of an accessible, quality-based health care system.

- As a result, the citizens of Washington State:
- Are well informed about medications;
- Take responsibility for their health;
- Utilize pharmacists and other health care providers appropriately; and
- Experience the highest level of health and wellness.

**Next scheduled business meeting:**

**January 21 -22, 2021**

**Business Meetings**

9:00 a.m.

Virtual – by Webinar

*Accessibility:* This meeting is accessible to persons with disabilities. Special aids and services can be made available upon advance request. Requests must be made no later than ten (10) days prior to the meeting. If you would like general information about this meeting, please call (360) 236-4947. If you need assistance with special services, you may leave a message with that request at 1-800-525-0127 or if calling outside Washington State call (360) 236-4052. TDD may be accessed by calling the TDD relay service at 711. If you need assistance due to a speech disability, Speech-to-Speech provides human voices for people with difficulty being understood. The Washington State Speech to Speech toll free access number is 1-877-833-6341.



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**

*PO Box 47890 • Olympia, Washington 98504-7890  
Tel: 360-236-4030 • 711 Washington Relay Service*

**Attestation of Exemption from Suspicious Order Reporting Requirements under WAC  
246-945-585**

Wholesalers may apply to the commission for an exemption from the suspicious order reporting requirements in WAC 246-945-585 if they do not distribute controlled substances or drugs of concerns.

This Attestation of Exemption from Suspicious Order Reporting Requirements under WAC 246-945-585 (“Attestation”) is submitted by:

Legal Name:  
State Wholesaler License Number:  
Wholesaler Address:

By submitting this Attestation, \_\_\_\_\_ [Company Name and State Wholesaler License Number]  
\_\_\_\_\_ attest that we do not distribute controlled substances or drugs of concerns into the  
State of Washington.

The individual who signs this Attestation below on behalf of the named wholesaler represents that he or she has authority to attest on behalf of the named wholesaler.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature  
*(Electronic Signature please place  
/s/ before Name)*

\_\_\_\_\_  
Date

**PLEASE NOTE:** If your Company begins to distribute controlled substances at any time after submission of this Exemption Letter of Attestation, this document will no longer be in effect. In addition, you must comply with WAC 246-945-585.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Date:

Licensee and address:

Case No.

Dear:

The Pharmacy Quality Assurance Commission (PQAC), is investigating a report of a suspicious order for controlled drugs involving your pharmacy. The specific report is discussed below.

PQAC is authorized to investigate reports and complaints of violations of laws or regulations under its jurisdiction. RCW 18.64.005 & 18.64.310(3).

State law requires you to cooperate with an investigation. WAC 246-945-005(6). Please provide a full and complete explanation of the matter in writing to the information requested below. We may use your response if we take disciplinary action or in a hearing. You may have an attorney assist you prior to making your response, but this will be at your expense.

If an attorney represents you, please have the attorney send me a Letter of Representation. The letter will ensure any correspondence with you will be provided to your attorney.

The Health Care Information Act requires you to disclose health care information about a patient without patient authorization. RCW 70.02.050 (2)(a).

The report states that your pharmacy exceeded its normal threshold for ordering *\*\*\*\*\*drug\*\*\**. On approximately *\*\*\*date\*\*\**, *\*\*\*wholesaler\*\** flagged an order regarding *\*\*\*specific details, order, and quantity\*\*\**.

**Please provide your signed written response to the following information request:**

Please elaborate on the cause for exceeding your threshold. Please include any information you would like PQAC to consider, including but not limited to, any documentation you may have sent to the wholesaler to validate this order(s).





## Form 1-1-19C: Delegation of Decision- Making

I, \_\_\_\_\_, Chair of the Washington State

(the board or commission), acting upon authorization of the board or commission and under the authority of RCW 18.130.050(10), delegates each of the functions indicated below:

### **Legal Services: (Pharmacy Commission only)**

- Brief Adjudicative Proceedings (Initial Orders) – Office of Investigative and Legal Services  
Office Director and Supervising Staff Attorney

### **Legal Services: (All other professions)**

- Brief Adjudicative Proceedings (Initial Orders) – Office of Investigative and Legal Services  
Office Director and Deputy Director

### **Review Officer:**

- Brief Adjudicative Proceedings (review of initial orders) – Review Officer in the Office of the Secretary

- Adjudicative Services** (Delegated to presiding officer serving in the Adjudicative Service Unit)  
– RCW 18.130.050(10)

- To serve as the decision-maker in response to an ex parte motion for summary suspension of a license in which the respondent is alleged to have violated RCW 18.130.400.

- To serve as the decision-maker in response to an ex parte motion for summary suspension of a license in which the respondent is alleged to have violated RCW 18.130.370.

- To serve as the decision-maker in response to a motion for an investigative mental health or physical health examination under RCW 18.130.170(2)(b).

- To serve as the final decision-maker in adjudicative proceedings in which a respondent is in default for failure to submit a request for adjudicative proceeding. This delegation does not include cases pertaining to standards of practice or where clinical expertise is necessary.

- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180(5).

- To serve as the final decision-maker in adjudicative proceedings where the board or commission has brought a motion for noncompliance.



- To serve as the final decision-maker in adjudicative proceedings in which the respondent is charged with violation of RCW 18.130.180(9).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180(17).
- Notwithstanding RCW 18.130.062 to serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180(24).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180(23).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180(6).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.170.
- To approve or deny proposed settlements in all cases other than those that pertain to standards of practice or where clinical expertise is necessary, that are filed nine (9) calendar days before the scheduled hearing.
- To serve as the final decision-maker in proceedings related to reinstatement of a license previously suspended, revoked, or restricted by the board or commission.
- To serve as the final decision-maker in proceedings related to modification of any disciplinary order previously issued by the board or commission.

This delegation remains in effect until revoked, terminated or modified. To the extent that this delegation conflicts with prior delegations to presiding officers at the Adjudicative Service Unit, this delegation prevails.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Signature) \_\_\_\_\_

(Name) \_\_\_\_\_  
Chairperson

(Board/Commission) \_\_\_\_\_

Department of Health  
Pharmacy Quality Assurance Commission  
**Guidance Document**

<i>Title:</i>	Enforcement of Intern Registration Renewal Limit	<i>Number:</i> 690-337
<i>References:</i>	WAC 246-945-155(3), WAC 246-907-030, RCW 18.64.080	
<i>Contact:</i>	Dr. Lauren Lyles-Stolz, Executive Director, Pharmacy Quality Assurance Commission	
<i>Phone:</i>	360-236-4946	
<i>Email:</i>	<a href="mailto:WSPQAC@doh.wa.gov">WSPQAC@doh.wa.gov</a>	
<i>Effective Date:</i>	October 1, 2020	
<i>Supersedes:</i>	N/A	
<i>Approved By:</i>	Tim Lynch, PharmD, MS, FABC, FASHP, Pharmacy Quality Assurance Commission Chair	

At its October 1, 2020 business meeting the Pharmacy Quality Assurance Commission (commission) determined that it will not enforce WAC 246-945-155(3), which states that an intern registration can only be renewed twice, until the 2-year license renewal cycle is implemented.

**Background:** The commission recently completed a 2.5-year process to consolidate thirty-three (33) chapters of WAC into one new chapter (chapter 246-945 WAC). Chapter 246-945 WAC went into effect on July 1, 2020. This effective date applied to all sections within the chapter, except the continuing education rules (clarified in [another guidance document](#)) and the fee rules ([chapter 246-907 WAC](#)). Rulemaking is currently in progress on the fee rules which, when complete, will implement a new fee schedule and the two-year license renewal cycle. Until this rules package is complete, the 1-year license renewal cycle remains in effect as determined by [WAC 246-907-030\(1\)](#).

[RCW 18.64.080\(3\)](#) states “Any person enrolled as a student of pharmacy in an accredited college may file with the department an application for registration as a pharmacy intern...” Further, “All certificates issued to pharmacy interns shall be valid for a period to be determined by the commission...” Under [WAC 246-945-155\(3\)](#), “A pharmacy intern registration can only be renewed twice.” Any registration renewed prior to the completion of the fee rules is for a 1-year duration since WAC 246-907-030 remains in effect.

**Conclusion:** To ensure that pharmacy interns have adequate time to hold their registration, the commission will not enforce WAC 246-945-155(3) until the fee rules package is complete and the 2-year license renewal cycle is implemented.



847/391-4406  
Fax: 847/375-1114

1600 Feehanville Dr  
Mount Prospect, IL 60056  
help@nabp.pharmacy

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY  
FROM: Natasha Niedbalec, Competency Assessment Pharmacist Manager  
DATE: April 30, 2020  
RE: Testing Accommodation Changes for NAPLEX and MPJE

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To assist the boards of pharmacy, the National Association of Boards of Pharmacy (NABP) will evaluate all candidate testing accommodation requests, and finalize the accommodations to be provided, beginning May 13, 2020.

By May 7, 2020, NABP kindly requests that boards deciding to opt out of NABP-evaluated accommodations do so by emailing NABP Executive Office Staff at [ExecOffice@nabp.pharmacy](mailto:ExecOffice@nabp.pharmacy). Boards that opt out will receive requests for evaluation from NABP by United States Postal Service mail, secure fax, or secure file transfer protocol. Because of the sensitive nature of personally identifiable information PII, NABP will only use secure methods to send and receive accommodations finalizations and communications. NABP is unable to accept accommodations requests, or related communications, via email due to the security risk. NABP will work with those boards to determine the best communication method.

NABP is also streamlining the accommodations process for candidates. Candidates will no longer be required to submit their requests to each board for which they are seeking licensure. Candidates will be prompted to securely upload their requests to the NABP database when applying for exam eligibility and the accommodations finalizations will be applied to all NABP exams during the validity period. This change will help ensure the uniform evaluation of each candidate's accommodation request, protect PII, and decrease the burden on the candidates and boards.

Questions regarding the testing accommodation changes may be directed to [adarequest@nabp.pharmacy](mailto:adarequest@nabp.pharmacy).

NABP looks forward to further supporting the boards and candidates.

Attachment

cc: NABP Executive Committee



# Request for Testing Accommodations NABP Examinations

The Request for Testing Accommodations form (Form) is provided to assist the board of pharmacy, the school of pharmacy, and/or the National Association of Boards of Pharmacy® (NABP®) in evaluating a request for testing accommodations under the Americans with Disabilities Act (ADA).

## Instructions

Download, complete, and submit all three parts of the fillable Form as applicable, including supporting documentation in its entirety as required. Retain a copy for your records.

- Part I: Candidate Statement, **including detailed written summary of disability**
- Part II: Practitioner Statement, **including practitioner's supporting written summary(ies)**
- Part III: Academic, Institution, School, or College Statement

*If you did not receive accommodations in pharmacy school, graduated from pharmacy school more than three years ago, or achieved Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification, Part III: Academic, Institution, School, or College Statement does not need to be completed.*

Additional details are available in the *NAPLEX/MPJE Candidate Application Bulletin*, the *FPGEC Candidate Application Bulletin*, and the Programs section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

## Submission, Review, and Approval Processes

The process for the Pharmacy Curriculum Outcomes Assessment® (PCOA®) differs from that of the North American Pharmacist Licensure Examination® (NAPLEX®), Multistate Pharmacy Jurisprudence Examination® (MPJE®), and Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), as explained below.

Please note that during the evaluation process for all NABP examinations, NABP may contact the candidate, practitioner(s), or school if more information is required to support the request. NABP may share information that a candidate provides, including, but not limited to, the Form, the candidate's medical history, the nature of the diagnosis(es), the accommodations provided in the academic environment, or a health care practitioner's statement.

### ***NAPLEX/MPJE/FPGEE Candidates***

**Upload the completed Form and supporting documentation in your NABP e-Profile account during the online application process for examinations.** These requests will be reviewed by NABP and the board of pharmacy, if applicable. NABP will contact you after the review of your request is completed. Candidates whose requests have been approved must schedule their testing appointment with Pearson VUE.

### ***PCOA Candidates***

**Complete Parts I and II and submit the Form and supporting documentation to your school of pharmacy.** The school of pharmacy will complete Part III and forward the request to NABP by uploading the Form and supporting documentation to your NABP e-Profile. Once the request is approved, the school of pharmacy may notify the candidate.

### ***Validity Periods***

Accommodations approval is valid for one year from the date of notification of approval to the candidate. The Form may be considered for any NABP examination occurring within the validity period. Candidates must resubmit a new Form and supporting documents if their disability status or requested accommodation(s) changes. NABP may require additional documentation or modify formerly approved accommodations.



**Request for ADA Testing Accommodations  
NABP Examinations**

**PART I: INDIVIDUAL/CANDIDATE STATEMENT**

Please type or print the requested information, unless a signature is required. \*Enter your name exactly as it appears on your ID and e-Profile, including first, middle or initial(s), and last names including any suffixes.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

e-Profile ID Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Examination Applying for:  NAPLEX  MPJE  PCOA  FPGEE

Date the PCOA was taken (if applicable) \_\_\_\_\_ Accommodations used for the PCOA \_\_\_\_\_  
Month, Year

Briefly describe the disability: \_\_\_\_\_

\_\_\_\_\_

***Please attach a detailed written summary that describes your disability, support for the requested accommodation(s), and current treatment/therapy prescribed or recommended for the disability (eg, medication regiment, physical aids, etc).***

List each practitioner (eg, physician, therapist). Attach additional sheets if necessary.  
Each treating practitioner must complete Part II: Practitioner's Statement.

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Length of Time as Patient: \_\_\_\_\_

If you have previously been provided with testing accommodation(s), please list the provider, the time frame, and a description of the accommodations. If no accommodations were provided to you in the past, please provide a written explanation of why accommodations are requested now and why they were not requested in the past.

\_\_\_\_\_

\_\_\_\_\_

**Authorization, Release, and Attestation:**

I hereby authorize each treating practitioner listed herein to release to and discuss with the school or college of pharmacy at which I am enrolled (School), Board of Pharmacy (Board), and the National Association of Boards of Pharmacy® (NABP®) and its ADA Committee any and all Information about me or my disability described herein. "Information" means all information about me in the possession of, or derived from, treating practitioners or providers of health care in connection with the disability for which I am requesting accommodations. I further authorize NABP, School, and Board (individually "Organization" and two or more are, collectively, "Organizations") to discuss Information with an Organization, Organizations, or an Organization or Organizations may discuss Information with a treating practitioner. I agree that this authorization, release, and attestation (AR&A) shall be valid for one year, unless earlier revoked in writing by me. I understand that an Organization may use the Information obtained pursuant to this AR&A to review my accommodation request in connection with any NABP examination for which I request accommodations during the validity period of this AR&A. The Board of Pharmacy and NABP reserve the right to require additional Information or documentation to support this request for accommodation or to obtain an independent assessment by another health care professional or treatment provider. I hereby attest that the foregoing statements and those that I make in any documents that may accompany my accommodations request are true, correct, and complete. I understand and agree that false, incomplete, or inaccurate information may be cause for NABP to delay issuance or invalidate the NABP examination score or results; delay or deny authorization to sit for an NABP examination; delay or deny authorization to other NABP examinations, tests, or assessments, such as the NAPLEX or MPJE; or pursue any other remedies available under law. I hereby attest that I personally completed this request Form and agree to verify Information at any time that I may be requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Request for ADA Testing Accommodations NABP Examinations

<b>PART II: PRACTITIONER'S STATEMENT</b>
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Each treating practitioner must complete Part II: Practitioner's Statement and return it along with all supporting documentation to the patient, who is a candidate for an NABP examination. Please type or print the requested information, unless a signature is required.

Practitioner Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Professional Training, Credentials, Licensing, and Specialization to Support Relevant Diagnoses and Appropriate Recommendation (please attach appropriate written documentation citing credentials):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ State License Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's Address: \_\_\_\_\_

Date Patient First Consulted: \_\_\_\_\_ Date Patient Last Consulted: \_\_\_\_\_

Number of Years as a Patient: \_\_\_\_\_

Diagnosis of Disability: \_\_\_\_\_  
\_\_\_\_\_

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Recommended Accommodation(s): \_\_\_\_\_

- I. Please attach a written statement explaining the diagnosis and its impact on the candidate's abilities relative to the request for special accommodations. *(In order to ensure that a current diagnosis is presented, it is preferred that the evaluations have been conducted within the past three to five years. Please provide an explanation of any gaps in medical evaluations taking place prior to the request for accommodations.)*
- II. Please attach a written explanation for each recommended accommodation(s), including the current treatment for the disability (eg, any medication management or physical aids). Any current and applicable test used to support the diagnosis or recommendation for accommodations should be submitted.
- III. If no accommodations were provided to the candidate in the past, please provide a written explanation of why accommodations are requested now and why they were not requested in the past.

### Certification

I hereby certify that the information that I provide pursuant to this Practitioner Statement is true and correct and is provided pursuant to the authorization to release information signed by my patient. I further certify that I have the necessary specialized training to make the diagnosis herein, that I personally examined the candidate named herein, and that I used my professional judgment to render the diagnosis herein and assess the accommodation request. I acknowledge that the school or college of pharmacy at which my patient is enrolled, Board of Pharmacy, or National Association of Boards of Pharmacy® (NABP®) may contact me, pursuant to the candidate's permission to obtain further information if necessary, and that the Board of Pharmacy or NABP may obtain an independent assessment by another professional.

Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Request for ADA Testing Accommodations  
NABP Examinations**

**PART III: ACADEMIC, INSTITUTION, SCHOOL, OR COLLEGE STATEMENT**

The individual named below is requesting testing accommodations for the North American Pharmacist Licensure Examination®, the Multistate Pharmacy Jurisprudence Examination®, and/or the Pharmacy Curriculum Outcomes Assessment®. Please type or print the requested information to complete the Form and provide the signature of an authorized representative of the academic institution, school, or college (School) to provide the data requested in this statement. Please complete this Form and return it and all supporting documentation to the candidate.

I hereby authorize the designated academic institution to provide the requested information regarding the accommodations that the School provided to me:

\_\_\_\_\_  
Candidate Name (please print)

\_\_\_\_\_  
Candidate Signature

**School Statement**

School Name: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Time period student was affiliated with the School: \_\_\_\_\_

Please describe the accommodation(s) and the basis for the approval of the accommodation(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Month/Year Accommodations Started and Ended: \_\_\_\_\_

The accommodation was \_\_\_\_\_ a one-time event or \_\_\_\_\_ an ongoing accommodation. (Select one.)

Please attach any testing results and recommendations from a qualified practitioner who assessed the student and the student's accommodations request. Please list the information and documentation that supported the accommodation approval:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification**

I hereby certify that I am an authorized representative of the School and that the information provided pursuant to this statement is true, accurate, and complete, and is provided pursuant to the authorization and release signed by the candidate named herein. I understand that the Board of Pharmacy or NABP may contact me or other School representatives to obtain further information if necessary.

Signature of School Representative: \_\_\_\_\_ Date: \_\_\_\_\_



## Commission SBAR Communication

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**Agenda Item/Title:** Pharmacy Changes of Ownership

**Date SBAR Communication Prepared:** June 16, 2020

**Reviewer:** Lauren Lyles-Stolz, ED

**Link to Action Plan:**

**X Action**       **Information**       **Follow-up**       **Report only**

**Situation:** (Briefly describe the current situation. Give a clear, succinct overview of pertinent issues)

The DOH team supporting the commission is looking for guidance on whether a stock purchase involving more than 50% of the shares in a pharmacy corporation triggers the commission's "Change of Ownership" process.

**Background:** (Briefly state the pertinent history):

The owner of a pharmacy is required to immediately notify the commission and pay the original license fee whenever there is a change of ownership. ([RCW 18.64.043\(3\)](#), [WAC 246-945-230\(3\)\(c\)](#) and [WAC 246-907-402\(2\)](#)). A failure to comply with applicable laws and rules can subject a pharmacy to a finding of a deficiency in an inspection or enforcement action ([WAC 246-945-005](#) and [RCW 18.64.165](#)).

Pharmacy statutes and rules do not define the phrase "change of ownership". However, the pharmacy commission's new rules chapter and fee rule explain that a "change of ownership" includes changes in business or organizational structure such as a change from sole proprietorship to a corporation, or a change of more than fifty percent ownership in a corporation ([WAC 246-945-230\(3\)\(c\)](#) and [WAC 246-907-040\(2\)](#)). This is not an exhaustive list but does provide some examples of when the commission will consider a "change of ownership" to have occurred.

A stock purchase involves a person purchasing a business's stock. A purchase of the majority of stock in a business generally results in the transfer of the ownership of the business entity itself, and the entity will continue to own the same assets and have the same liabilities. This is because the shares in a corporation represent proprietary interests in the corporation ([RCW 23B.01.400\(37\)](#)) and an individual or entity who purchases more than 50% of the shares in a corporation would now have a controlling interest in the corporation ([RCW 23B.01.400\(4\)](#)).

The credentialing team with DOH has historically only considered a change in UBI number as triggering the "change of ownership" process. The "Unified Business Identifier" (UBI) number is a nine-digit unique identifier issued to each business that operates within Washington State by the Department of Revenue (DOR). DOH has confirmed with DOR that a sale of the majority of shares in a corporation would not necessarily result in a change to the business's UBI number.

**Assessment:** (Summarize the facts and give your best assessment. What is going on? Use your best judgment)

It appears very likely that a stock purchase involving more than 50% of the shares in a pharmacy corporation triggers the pharmacy commission's "Change of Ownership" process based on the applicable laws and rules. This is because a purchase of more than 50% of the shares in a pharmacy involves a change of more than fifty percent ownership in a corporation ([WAC 246-945-230\(3\)\(c\)](#) and [WAC 246-907-040\(2\)](#)).



## Commission SBAR Communication

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**Recommendation:** (What actions are you asking the commission to take? What do you want to happen next?)

The DOH team recommends the commission find that a stock purchase involving more than 50% of the shares in a pharmacy corporation triggers the commission's "Change of Ownership" process based on the applicable laws and rules.

To implement this decision the pharmacy commission could direct the DOH team to do one, or more, of the following:

1. Publish this FAQ to the listserv and website:

Does a pharmacy corporation prompt the commission's "Change of Ownership" process when a stock purchase involves more than 50% of the shares in the pharmacy corporation?

Yes, pharmacies should immediately notify the commission and comply with the commission's "Change of Ownership" process if a stock purchase involves more than 50% of the shares in the pharmacy corporation.

2. Ask the DOH team to communicate this decision internally to the credentialing team, inspectors, and investigators that directly support the commission.

DRAFT