

Approved \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### M-W SUPERVISOR APPLICATION

#### PART I: GENERAL INFORMATION

**1** **APPLICANT NAME**

Last

First

Middle

**2** **SOCIAL SECURITY NUMBER:** --  
*(Leave this blank if you do not have a U.S. Social Security Number)*

**3** **BIRTH DATE:**     
*mo. day yr.*

**4** **ADDRESS**

Line 1

Line 2

Line 3

City

State  Zip Code

Country/Province

**NOTE: The supervisor shall not be at the same time a supervisor of any other establishment registered by the Board of Pharmacy. (Regulations of the Commissioner of Education 63.6(c)(3)).**

**5** **E-MAIL ADDRESS:** \_\_\_\_\_

**6** **EMPLOYER'S NAME** (as registered with the Board of Pharmacy)

\_\_\_\_\_

Registration number \_\_\_\_\_

**7** **EMPLOYER'S ADDRESS**

Line 1

Line 2

Line 3

City

State  Zip Code

Country/Province

**8** **TYPE OF REGISTRATION** (check all that apply)

Type of Registrant	Type of Wholesaler	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Repacker – Medical Gases	<input type="checkbox"/> Full Line
<input type="checkbox"/> Repacker – Drugs	<input type="checkbox"/> Wholesaler (Distributor)	<input type="checkbox"/> Domestic Broker
		<input type="checkbox"/> Import/export Broker
		<input type="checkbox"/> Reverse Distributor
		<input type="checkbox"/> Specialty

**PART II: APPLICANT'S QUALIFICATIONS**

Manufacturing and repacking applicants who:

Supervise a manufacturing or repacking operation must meet the following qualifications: may be a pharmacist or chemist holding a bachelor's degree with a major in chemistry AND who has at least two years of experience in the manufacturing, repacking and/or wholesaling of drugs satisfactory to the State Board of Pharmacy. [Regulations of the Commissioner of Education 63.6 (c)(1)].

Supervise establishments which limit their operation to manufacturing or repacking of compressed medical gases may be under the supervision of a person who meets the requirements under Regulations of the Commissioner of Education 63.6.

Supervise a wholesale/distributor operation must have a minimum of two full years of education beyond high school and have at least two years of experience in manufacturing, repacking and/or wholesaling of drugs satisfactory to the State Board of Pharmacy [Regulations of the Commissioner of Education 63.6 (c)(2)].

**EDUCATION**

1. I affirm that I graduated from the following HIGH SCHOOL in the year indicated.

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

City: \_\_\_\_\_ Year: \_\_\_\_\_

2. Graduate of a COLLEGE

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

Years attended: \_\_\_\_\_ Degree: \_\_\_\_\_

**NOTE: attach a copy of transcript or diploma.**

3. IF NOT A COLLEGE GRADUATE but attended college, indicate the following:

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

Years attended: \_\_\_\_\_ Number of SEMESTER hours completed: \_\_\_\_\_

List your major and minor: MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

**NOTE: attach a copy of diploma or transcript from college or university.**

4. Check all degrees attained

A.A.S.     B.S.     B.A.     M.A.

M.S.     Pharm. D.     Ph.D.

Other \_\_\_\_\_

5. If a licensed professional, complete the following:

Profession: \_\_\_\_\_ License number: \_\_\_\_\_ State: \_\_\_\_\_

6. List any specialized courses you have taken which would expand your TECHNICAL knowledge as a supervisor.

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

**PART III: EXPERIENCE**

Complete the following for the last TEN YEARS or ATTACH a RESUME or CURRICULUM VITAE to this application. Use additional paper if necessary.

Employer- Name & Address	Dates employed	Title	List your duties in detail

**PART IV: MORAL CHARACTER**

- (a) Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?  YES  NO
- (b) Are criminal charges pending against you in any court?  YES  NO
- (c) Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?  YES  NO
- (d) Are charges pending against you in any jurisdiction for any sort of professional misconduct?  YES  NO
- (e) Have you ever willfully failed to provide records to any State Licensing authority or to Federal, State or Local law enforcement officials that are required by Federal, State or Local laws?  YES  NO

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- (f) Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?  YES  NO

**NOTE:** If you answer "Yes" to any questions (a) through (f), submit a letter giving complete explanation. Include copies of any court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

Under Title 21 Code of Federal Regulations Part 205.6: The State licensing authority shall have the right to deny a license to any applicant if it determines that the granting of such license would not be in the public interest.

**PART V**

1. Attach a photograph of yourself which has been taken in the last six months



2. Have you ever been approved by the New York State Board of Pharmacy to act as a supervisor? If so indicate the name and address of the firm you were employed by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART VI: ATTESTATION OF SUPERVISOR**

I affirm that all information submitted on the application to the Board of Pharmacy is true. I am familiar with the laws, rules and regulations which govern the distribution of drugs and/or devices in New York State and with Title 21 Code of Federal Regulations Part 205. I further understand that manufacturers, repackers and wholesalers may only sell drugs and/or devices to those purchasers authorized by law to receive them, and that records of the receipt and disposition of all drugs and/or devices shall be maintained for a period of five years and shall be available to the Department or any other authorized State or Federal agency for a period of not less than five years.

Applicant signature \_\_\_\_\_

Date signed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Return Directly to: New York State Education Department, Office of the Professions, New York State Board of Pharmacy, 89 Washington Avenue, Albany, NY 12234-1000**



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

New York State Board of Pharmacy, Lawrence H. Mokhiber, Executive Secretary  
Tel. (518) 474-3817ext130 Fax (518) 473-6995 E-mail: pharmbd@mail.nysed.gov

## CHANGE OF SUPERVISOR IN CHARGE MANUFACTURER--REPACKER--WHOLESALE

Name of Registered Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

---

---

### APPLICANT'S AFFIDAVIT

I, \_\_\_\_\_ do hereby certify that I replaced  
Print Name

\_\_\_\_\_ as supervisor of the above named establishment on

\_\_\_\_\_ ; and that I am employed for \_\_\_\_\_ hours per week at the above  
month/day/year

location.

I further certify that I have full knowledge of my professional responsibilities and I have reviewed:

1. "Responsibilities of a Supervisor" issued by the Board of Pharmacy
2. Title 21, Code of Federal Regulations
3. For Syringes & Needles--Public Health Rules & Regulations on Controlled Substances--Part 80.131.80.134
4. Compressed Medical Gas repacker--Federal Regulations regarding gases
5. Regulations pertaining to specialized activities.

I  am /  am not (check one) a licensed professional in New York State. If licensed, indicate:

Professional license number: \_\_\_\_\_ Profession: \_\_\_\_\_

Current registration expires on: \_\_\_\_\_

\_\_\_\_\_  
Corporate Officer's signature and date (Indicate title)

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

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

**Return Directly to: The New York State Education Department, Office of the Professions, New York State Board of Pharmacy, 89 Washington Avenue, Albany, NY 12234**