



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
BOARD OF PHARMACY  
665 MAINSTREAM DRIVE  
NASHVILLE, TENNESSEE 37243  
PHONE: (615) 253-1299 FAX: (615) 741-2722

<https://www.tn.gov/health/health-program-areas/health-professional-boards/pharmacy-board.html>

## INSTRUCTIONS FOR A TENNESSEE PHARMACY AUTOMATED DISPENSING MACHINE (ADM) LICENSE

By submitting an application, you indicate that your facility has met all the requirements necessary for licensure. You may access these rules 1140-01-.08 electronically at <https://www.tn.gov/health/health-program-areas/health-professional-boards/pharmacy-board/pharmacy-board/statutes-and-rules.html>

**Pursuant to board rule 1140-01-.08 (8)** Designate a pharmacist in charge who shall be responsible for compliance with the provisions in this section, and who shall hold a current Tennessee pharmacist license.

At least thirty (30) days prior to the scheduled opening of a pharmacy practice site, an application for license shall be submitted to the office of the board. If the application is not complete upon receipt by the Board's Administrative Office, a deficiency letter will be sent by mail or by email.

**NOTE: A new application must be submitted to the Tennessee Board of Pharmacy, along with the required application fee(s), anytime there is a Name, Location, or Ownership change.**

### ALL APPLICANTS

Mail all required documentation to:

Tennessee Board of Pharmacy  
665 Mainstream Drive  
Nashville, TN 37243  
(zip code 37228 for courier service only)

All application fees are Non-Refundable. Include a check or money order made payable to the Tennessee Board of Pharmacy. **NOTE:** Please see the rules below to determine if the facility is required to also register for controlled substance and/or sterile compounding.

Registration Fee (required)	\$300.00
State Regulatory Fee (required)	\$10.00
*Controlled Substance Fee	\$40.00

**\*Pursuant to Rule 1140-01-.11:** No licensee may obtain, possess, administer, dispense, distribute, or manufacture any controlled substance in this state, and no representative of a manufacturer or wholesaler/distributor may distribute any controlled substance in this state, without obtaining a controlled substance registration from the board.

- Submit a list of owners, partners, board of directors or corporate officer.
- [List the Tennessee Pharmacist in Charge](#)



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### APPLICATION FOR PHARMACY AUTOMATED DISPENSING MACHINE (ADM)

- Name change
- Location change
- Ownership change

Name of Pharmacy			License No.
Street Address		Telephone No.	
City	State	Zip Code	Pharmacist in Charge (include TN License Number)

### MAILING ADDRESS

Company Name		
Street Address		Telephone No.
City	State	Zip Code

Do you wish to receive notifications, including renewal notification, from Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office. \_\_\_\_\_ Yes \_\_\_\_\_ No

Email: \_\_\_\_\_

Check type ownership:  PROPRIETORSHIP  PARTNERSHIP  CORPORATION  LLC

Name of Owners: \_\_\_\_\_

Address of Owner(s): \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

**NOTE:** Application CANNOT be processed without a Pharmacist- In- Charge licensed in Tennessee.

TO BE COMPLETED BY PHARMACIST IN CHARGE (Cannot be executed by a pharmacist who is presently registered as a pharmacist- in- charge, except a part-time institutional pharmacist.

*I, under oath, confirm that in the event the application for a license to conduct a pharmacy at the address stated therein is granted; that I will have supervision over the conduct of such pharmacy; that I will be in actual attendance at the same at least \_\_\_\_\_ hours of each business week; and furthermore, this pharmacy will be under the direct supervision of a pharmacist at all times as established by Tennessee Code Annotated.*

**NOTE:** If there is any change in status of this pharmacy, owner and pharmacist are both required to notify the Board.

\*If ownership change, the former owner must complete and sign in space indicated on this form.

This application is completed by: OWNER OFFICER OF CORP. ADMINISTRATOR  
PHARMACIST IN CHARGE

Does the Owner, Officer of Corporation or Administrator have any charges involving moral turpitude or violation of pharmacy law, or any other laws pending against the them?  **Yes**  **No** (If yes, please explain such charges or violations in detail; even to reporting minor infractions of pharmacy laws, liquor or narcotic laws regulations, including dates.)

**Attach a list of the owners, officers or directors to this application.**

## AFFIDAVIT AND RELEASE

I, \_\_\_\_\_, of \_\_\_\_\_  
*(Applicant's Name)* *(City)* *(State)*

Affirm the pharmacist in charge holds a valid and current license to practice pharmacy in Tennessee and there is a supervising pharmacist for the pharmacy practice site listed in this application.

I affirm that the pharmacist in charge will be accountable to the Board of Pharmacy for this practice site's compliance with all state statutes and regulations governing the practice of pharmacy in Tennessee.

I affirm that before engaging in the practice of pharmacy in Tennessee, the pharmacy must obtain a valid license from the Tennessee Board of Pharmacy.

I hereby certify under oath that the pharmacy for which this application is made complies with requirements set forth in Tennessee laws and regulations and that said pharmacy is equipped with proper equipment, adequate lighting, and refrigeration; and that this business will be kept in a clean and sanitary condition at all times

I affirm that no pharmacy services shall be provided without the responsible supervision of Tennessee licensed pharmacist as the pharmacist in charge.

**BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

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**SIGNATURE**

**DATE**