



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
CLASS J: SHARED SERVICES QUESTIONNAIRE

MAILING ADDRESS:
 MISSOURI BOARD OF PHARMACY
 P.O. BOX 625
 JEFFERSON CITY, MO 65102
 (573) 751-0091

DELIVERY ADDRESS:
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109

INSTRUCTIONS

ONLY COMPLETE THIS FORM IF YOU HAVE ARE APPLYING FOR OR ADDING A CLASS J: SHARED SERVICES CLASSIFICATION.

THIS FORM IS BEING COMPLETED IN CONJUNCTION WITH (SELECT ONE)

- PHARMACY PERMIT APPLICATION FOR CLASS J SHARED SERVICES PHARMACY
 CLASSIFICATION CHANGE APPLICATION

PHARMACY NAME	PERMIT NUMBER (IF APPLICABLE)
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

Answer all questions in this section:

1. The pharmacies sharing services are either 1) under the same ownership or 2) maintain a written contract outlining the services to be provided and the responsibilities and accountabilities of each pharmacy. Yes No
2. Each facility sharing services will be licensed with the Missouri Board of Pharmacy and have a Missouri Class: J Shared Services pharmacy permit. Yes No
3. Each pharmacy involved either shares a common database or allows access to each pharmacy's electronic medication or prescription records. Yes No
4. Each pharmacy has real-time, online access to the patient's complete patient profile at the other pharmacy. Yes No
5. Each pharmacy sharing services maintains the following:
 - A. Policies and procedures that identify the duties of each pharmacy involved and ensure the safe and appropriate delivery of prescription drugs in compliance with 20 CSR 2220-2.013. Yes No
 - B. A mechanism for tracking the prescription or medication order during each step in the process. Yes No
 - C. Security provisions for protecting the confidentiality and integrity of patient information. Yes No
 - D. A designation of the pharmacy responsible for offering patient counseling as required by 20 CSR 2220-2.190 and federal law. Yes No
 - E. A quality assurance program that is designed to objectively and systematically monitor and evaluate the quality and appropriateness of pharmacy services and resolve identified problems. Yes No
 - F. A list of names, addresses and Missouri permit numbers for all pharmacies involved. Yes No
 - G. For pharmacies not under common ownership, a method to notify patients that his/her prescription or medication order may be filled or compounded by another pharmacy. If under common ownership, check here and go on to Question H. Yes No
 - H. Each pharmacy understands compounding may only be performed pursuant to a patient-specific prescription/medication order or in anticipation of a patient-specific prescription/medication as authorized by 20 CSR 2220-2.200 and the rules of the Board. Yes No

SIGNATURE	PRINTED NAME
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TITLE	DATE
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