Pharmacy Pilot or Research Project
Operator Application

IMPORTANT INFORMATION:

1. This application is for potential operators of a pilot project or demonstration research product pursuant to § 338.143, RSMo. Interested applicants should review § 338.143 and emergency rule 20 CSR 2220-2.995 for complete program/application requirements. Additional information is also available on the Board's website at https://pr.mo.gov/pharmacists.asp.

2. To be eligible, applicants must currently hold a Missouri Board of Pharmacy license, registration or permit that is not subject to discipline. Both resident and non-resident entities are eligible to apply. Pursuant to 20 CSR 2220-2.995, unlicensed entities are ineligible.

3. Please allow 6-8 weeks for Bd. review and approval. Approval notification will be provided to the designated contact person listed on the application materials.

MISSOURI BOARD OF PHARMACY
PHARMACY PILOT/RESEARCH PROJECT
OPERATOR APPLICATION

SUBMIT THIS COMPLETED APPLICATION TO:	FOR OFFICE USE ONLY
MAILING ADDRESS **MISSOURI BOARD OF PHARMACY** P.O. BOX 625 JEFFERSON CITY, MO 65102 OVERNIGHT ADDRESS **MISSOURI BOARD OF PHARMACY** 3605 MISSOURI BOULEVARD JEFFERSON CITY, MO 65109 ✓ ATTACH ADDITIONAL DOCUMENTATION AS NEEDED ✓KEEP A COPY OF COMPLETED APPLICATION FOR YOUR RECORDS	LICENSE # ACTION DATE NOTES

SECTION A: APPLICANT INFORMATION

APPLICANT'S NAME

APPLICANT ADDRESS **(STREET)** **(CITY)** **(STATE)** **(ZIP)**

APPLICANT TELEPHONE #	**APPLICANT E-MAIL ADDRESS**

CONTACT REPRESENTATIVE: Identify a designated contact person for questions regarding this application.

DESIGNATED CONTACT REPRESENTATIVE NAME	**POSITION/TITLE**

CONTACT MAILING ADDRESS **(STREET)** **(CITY)** **(STATE)** **(ZIP)**

CONTACT TELEPHONE #	**CONTACT FAX #**

CONTACT E-MAIL ADDRESS

ELIGIBILITY: To operate a pilot/research project, the applicant must hold a Board issued license, permit or registration that is not subject to Board discipline. Unlicensed entities or entities currently on Board discipline are ineligible to apply.

The above applicant is *(Check all that apply)*:

- ☐ A Missouri licensed pharmacist
- ☐ A Missouri licensed intern pharmacist
- ☐ A Missouri licensed pharmacy technician
- ☐ A Missouri licensed pharmacy or drug distributor
- ☐ A Missouri licensed drug outsourcer
- ☐ A Missouri licensed third-party logistics provider

MISSOURI LICENSE, PERMIT OR REGISTRATION #:

SECTION B: PROGRAM OPERATIONS

Pursuant to 20 CSR 2220-9.995, provide the following information regarding the proposed pilot/research program. This information will be used by the Board in assessing your application. Attach sufficient documentation to allow the Board to comprehensively assess the proposal.

The following documents must be submitted with this application:

1) A one (1) page abstract of the project that includes the project's goals, purpose, scope and proposed timelines.
2) A narrative description of the project that includes:
   a. Activities that will be undertaken as part of the pilot project, including, the intended audience;
   b. The goals and objectives of the project. Services and anticipated outcomes must be clearly described and align with section 338.143, RSMo;
   c. A description of the capacity and structure the applicant has in place to operate the proposed pilot program, including, staff and personnel who will be monitoring, supervising or participating in the pilot project and their relevant education, experience, or qualifications;
   d. Procedures for training staff on project operations;
   e. An explanation of how the proposal will enhance patient care or safety, improve patient outcomes, or expand access to pharmacy services for Missouri citizens;
   f. A projected timeline for implementation and completion of the proposed pilot project. The proposed pilot project must be eligible for completion within eighteen (18) months of approval, unless otherwise authorized by the board;
   g. Evaluation measures for assessing impact and effectiveness; and
   h. A plan for terminating the pilot project after completion.

SECTION C: APPLICANT AFFIDAVIT

This affidavit must be signed by an official representative of the applicant who is authorized to sign and submit this application on the applicant's behalf.

This application is hereby submitted on behalf of the Applicant identified herein. I attest the foregoing application and all supporting documentation has been completed truthfully and accurately to the best of my knowledge and belief. I am making this affidavit knowing that any false statements or material omission may subject me or the entity identified herein to criminal penalties for making a false affidavit under Section 575.050, RSMo.

The applicant agrees to comply with all applicable federal and state law(s), all applicable rules/regulations of the Board and all project requirements. I hereby certify under penalty of perjury that the information and answers contained in this application and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	**TITLE**
PRINT NAME	**DATE**