

CPP Registration Fee: \$100.00
Made Payable to: NC Medical Board

NAME AND ADDRESS MUST BE TYPEWRITTEN

Place of Birth	Year	Month	Day	Present Age	Sex	Race
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[illegible]

I. Patients and Diseases

II. Diagnosis or Diagnoses

Drug Therapy or Therapies

Dosage Forms and Schedules, Tests, and Modifications Permitted

Product Selection

..... or
Yes No

III. Plan for Emergencies

IV. Weekly Plan for Quality Control and Review and Countersignature of All Orders

V. Patient Notification

VI. Termination Provision

Physician Information

Physician's Name: First _____

Middle

Last

Physician's North Carolina License Number

Type of Practice

Mailing

Address...

Street

City

State

Zip

Telephone No.....

Fax No.

Once approved by the NC Board of Pharmacy, the application will be forwarded to the NC Medical Board.

A fee of \$100.00 for the initial application will be due to the NC Medical Board with the application.

Pharmacist Signature

Physician Signature

Email address.....

Email Address.....

For Office Use Only	
Clarify or Obtain	Appears in Order

Experience

Five years of clinical experience is required for BS degree recipients, and 3 years is required for PharmD recipients. Different locations should be listed separately below.

..... <i>Position Held</i>	 <i>Date Started</i>	 <i>Date Completed</i>
<i>Describe Clinical Experience.....</i>		
.....		
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<i>Describe Clinical Experience.....</i>		
.....		

Approved by:

..... <i>President of the North Carolina Board of Pharmacy</i>	 <i>Date</i>
..... <i>Executive Director of the North Carolina Board of Pharmacy</i>	 <i>Date</i>