



**PHARMACEUTICAL SUPPLEMENTAL APPLICATION**

This application must be completed in conjunction with the CNA Allied Health Care Facilities Common Application.

**Instructions**

1. Please read the instructions carefully. Complete and submit all requested information and required attachments. This application and all materials submitted shall be held in confidence.
2. All application questions must be fully answered. If a question does not apply, please write "N/A".
3. If you need more space, continue on a separate sheet of your letterhead and indicate the question number.

1. Name of Applicant: \_\_\_\_\_
2. In what states does the applicant fill prescriptions: \_\_\_\_\_
3. Check all that apply.

Services	% of Gross Receipts
Administration of Medications	
Case Management	
Compounding/Admixture	
Contract Pharmacy	
Dispensing	
Drug Formulary Mgmt Programs	
Home Respiratory Providers	
Lab Services	
Manufacturing	
Pain Management	
Patient Monitoring	

Services	% of Gross Receipts
Pharmacy Management Consulting to a non-owned entity	
Pharmacy Software Sales/Lease	
Point of Care Dispensing	
Programs/Disease Mgmt/Case Mgmt	
Re-Packaging	
Research/Drug Trials	
Retail	
Specialty Clinical Mgmt	
Staffing non-owned Pharmacies F/T	
Staffing non-owned Pharmacies P/T	
Other:	

4. Provide annual gross receipts by state:

State	Projected Gross Receipts Contract Pharmacy	Projected Gross Receipts Infusion – no administration	Projected Gross Receipts Infusion and Delivery	Projected Gross Receipts Retail	Projected Gross Receipts Other
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$



**Pharmaceutical  
Supplemental Application**

- 5. Do practitioners have current state licenses in all states in which they consult, as required by state licensure laws? Yes No
- 6. Are competency skills checked for applicable aspects of medication management? Yes No
- 7. Is there a non-punitive medication error reporting process? Yes No
- 8. Is there a database with patient medication profiles, including allergies? Yes No
- 9. Is a unit-dose system used in the organization? Yes No
- 10. Does an Institutional Review Board (IRB) approve all drug trials? Yes No
- 11. Are only FDA approved drugs used in the organization? Yes No
- 12. Does legal counsel review all contracts for inclusion of provisions for mutual indemnification/hold harmless, liability insurance requirements, state licensure, and specific responsibilities? Yes No
- 13. Does legal counsel review marketing materials and Web site information for appropriate language? Yes No
- 14. Have you or anyone on your staff been investigated or received a warning letter from the FDA or DEA? Yes No
- 15. Do you want coverage for delivery service? Yes No
- 16. Does the applicant have a robotic dispensing system? Yes No

**AUTHORIZATION**

**Signature in full:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name – please print:** \_\_\_\_\_

Agency Name and Address	Person submitting application	Telephone Number	E-Mail

**This product will be underwritten in one of the CNA property/casualty companies.  
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