



California State Board of Pharmacy

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

**APPLICATION INSTRUCTIONS FOR APPLYING FOR
FOR AN EMERGENCY MEDICAL SERVICES
AUTOMATED DRUG DELIVERY SYSTEM (EMSADDS) LICENSE**

(Bus. & Prof. Code § 4119.01)

An “emergency medical services automated drug delivery system” or “EMSADDS” means an automated drug delivery system that stores and distributes drugs for the sole purpose of restocking a secured emergency pharmaceutical supplies container that is used by a provider agency to provide emergency medical services.

The emergency medical services provider agency must obtain a license from the board to operate the EMSADDS. As a requirement for licensure, the EMSADDS must be located on the premises of a fire department headquarters, a fire station, or at an emergency medical services provider agency’s location. A separate license is required for each location. An EMSADDS license may not be transferred to a different location if the EMSADDS is moved.

IMPORTANT: Please follow these instructions completely. Failure to submit the necessary items will delay the processing of your application. Allow the board 30 days to process your application upon receipt. The contact person reflected in the application will be advised if additional information is necessary.

To assist you with the application process and requirements, a checklist is provided with the application instructions. The board strongly encourages the applicant to refer to the checklist to assist with the application process by submitting all supporting documentation with the application.

CHECKLIST FOR FILING AN EMSADDS APPLICATION

- Application for an EMSADDS License (17A-104)**
 - Complete the entire application and submit with original signatures.
 - Identify the location of the EMSADDS.

- EMSADDS Application Processing Fee \$100**
 - Include a check or money order for \$100 made payable to the Board of Pharmacy. This fee is nonrefundable.

- Medical Director:** Provide the name, license, and other identifying information of the medical director responsible for overseeing the emergency medical services provider agency.

- Policies and Procedures for the EMSADDS:** Submit a copy of the emergency medical services provider agency’s adopted policies and procedures detailing the provisions under which the EMSADDS will operate as required in section 4119.01 of the Business and Professions Code.

- Designated Pharmacist and/or Designated Paramedic:** Provide the name, license, and other information for any designated pharmacist or licensed designated paramedic who is responsible for performing the duties as required in section 4119.01 of the Business and Professions Code.

- Pharmacy or Emergency Medical Services Provider Agency (EMSPA) Wholesaler:** Provide the name and license number of the pharmacy or EMSPA wholesaler that will furnish the dangerous drugs and dangerous devices through the EMSADDS.



**APPLICATION FOR AN EMERGENCY MEDICAL SERVICES
 AUTOMATED DRUG DELIVERY SYSTEM (EMSADDS) LICENSE**
 (Business and Professions Code § 4119.01)

An emergency medical services provider agency (EMSPA) may operate an emergency medical services automated drug delivery system (EMSADDS) for the sole purpose of restocking a secured emergency pharmaceutical supplies container if it first obtains a license from the board to operate the EMSADDS. The secured emergency pharmaceutical supplies container must be authorized by subdivision (b) of Business and Professions Code section 4119.

As a requirement for licensure, the EMSADDS must be located on the premises of a fire department headquarters, a fire station, or at an emergency medical services provider agency's location. A separate license is required for each location. Either a pharmacy or a licensed wholesaler that is also an emergency medical services provider agency may restock dangerous drugs or dangerous devices into a licensed EMSADDS. (Business and Professions Code section 4119.01)

Identify the Type of Premises of the EMSADDS: (check one): Fire Department Headquarters Fire Station
 Emergency Medical Services Provider Agency's location

Location of EMSADDS

Name of the EMSADDS' Location:			
Address of Location: Number and Street	City	State	Zip

Emergency Medical Services Provider Agency (EMSPA)

Name of the EMSPA:	
Address of Location: Number and Street	City State Zip
Name of Contact Person:	
Telephone Number:	Email Address:

Medical Director Who Oversees the Emergency Medical Services Provider Agency (EMSPA)

Name of Medical Director:	State, License Type, Number, and Expiration	
Address of Record: Number and Street	City State Zip Code	
Work Number:	Cell Phone Number:	Email Address:

For Office Use Only		
Date Processed: _____	Licensed #: _____	Date Cashiered: _____
Processed by: _____	Date Approved: _____ By: _____	Cashiering #: _____
		Amount Received: _____

Policies and Procedures for EMSADDS:

Attached policies and procedures detailing the provisions under which the EMSADDS will operate.

Each Designated Pharmacist(s) or Designated Paramedic(s)

Responsible for Compliance with Duties Bus. & Prof Code § 4119.01: (Use Additional Paper if Needed)

Name of Licensee:		License Type, Number and Expiration	
Address of Record: Number and Street		City	State Zip Code
Work Number:	Cell Phone Number:	Email Address:	
Name of Licensee:		License Type, Number and Expiration	
Address of Record: Number and Street		City	State Zip Code
Work Number:	Cell Phone Number:	Email Address:	
Name of Licensee:		License Type, Number and Expiration	
Address of Record: Number and Street		City	State Zip Code
Work Number:	Cell Phone Number:	Email Address:	

Name of the Pharmacy or EMSPA Wholesaler that will furnish the dangerous drugs and dangerous devices: (Use Additional Paper if Needed)

Name of Licensee:		License Type, Number and Expiration	
Address of Record: Number and Street		City	State Zip Code
Contact Name:	Work Number:	Email Address:	
Name of Licensee:		License Type, Number and Expiration	
Address of Record: Number and Street		City	State Zip Code
Contact Name:	Work Number:	Email Address:	
Name of Licensee:		License Type, Number and Expiration	
Address of Record: Number and Street		City	State Zip Code
Contact Name:	Work Number:	Email Address:	

APPLICANT AFFIDAVIT

Under penalty of perjury, under the laws of the State of California, each person whose signature appears below, certifies and says that: he/she is at least 18 years of age; has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; and all supplemental statements are true and accurate.

Signature of Medical Director	Name (please print)	Date
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Signature of Designated Pharmacist or Licensed Designated Paramedic	Name (please print)	Date
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Signature of Designated Pharmacist or Licensed Designated Paramedic	Name (please print)	Date
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Signature of Designated Pharmacist or Licensed Designated Paramedic	Name (please print)	Date
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