

Wisconsin Department of Safety and Professional Services

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PHARMACY EXAMINING BOARD WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUG LICENSE DESIGNATED REPRESENTATIVE FORM

WIS. STAT. § 450.071(3)(C) WHOLESALE DISTRIBUTORS; LICENSURE

All of the following apply to each person identified by the applicant as a Designated Representative:

1. The person is at least 21 years old.
2. The person has been employed full time for at least 3-years in a Pharmacy or with a Wholesale Prescription Drug Distributor in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs.
3. The person is employed by the applicant full-time in a managerial level position.
- *4. The person is physically present at the Wholesale Prescription Drug Distributor's facility during regular business hours and is involved in and aware of the daily operation of the Wholesale Prescription Drug Distributor. This subdivision does not preclude the Designated Representative from taking authorized sick leave and vacation time or from being absent from the facility for other authorized business or personal purposes.
- *5. The person is actively involved in and aware of the daily operations of the Wholesale Distributor.
6. The person is a Designated Representative for only one applicant at any given time. This subdivision does not apply if more than one Wholesale Distributor is located at the facility and the Wholesale Distributors located at the facility are members of an affiliated group.
7. The person has not been convicted of violating any federal, state, or local law relating to wholesale or retail prescription drug distribution or distribution of a controlled substance.
8. The person has not been convicted of a felony.

***To meet the requirements of numbers 4 and 5 above, please fully list and describe the person's duties showing that the person is actively involved in and aware of the daily operations of the wholesale distributor.**

FINGERPRINTING INSTRUCTIONS The named designated representative for the wholesale distributor facility applying for the license must submit digital fingerprints. Designated representatives must submit their fingerprints electronically for a background check. Do not submit paper fingerprint cards. You will receive instructions to obtain digital fingerprints after the Department has received an application and a signed Authorization for Release of FBI Information (Form [2687](#)). **Applications must be submitted within 14 days of being fingerprinted.**

ALL designated representatives **MUST** submit Form [2687](#). However, if the distributor applicant is accredited by the National Association of Boards of Pharmacy's Drug Distributor Accreditation (DDA) program, designated representative fingerprints are **NOT** required.

SECTION A: This form must be completed by the designated representative listed in the [License](#) application form. (See Form [2814](#)).

Printed Name of Designated Representative

Social Security Number

 - -

Address of Designated Representative:

Number/Street

Date of Birth

 / /

Place of Birth

City

State

Zip Code

E-mail

Distributor Applicant's DBA Name: (Listed in [License](#), see [2814](#).)

Current WI Distributor License #: -45

Attach Photo Here

(head & shoulders only) (This must be taken within 12 months of the application date.)

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SECTION B: List below places of residence for the last 7-years immediately preceding the date the application for Distributor is filed:

Address: <input type="text"/> Number/Street <input type="text"/> City State Zip Code	Address: <input type="text"/> Number/Street <input type="text"/> City State Zip Code
Dates Lived at Residence: (From) <input type="text"/> / <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/> / <input type="text"/>	Dates Lived at Residence: (From) <input type="text"/> / <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/> / <input type="text"/>

Address: <input type="text"/> Number/Street <input type="text"/> City State Zip Code	Address: <input type="text"/> Number/Street <input type="text"/> City State Zip Code
Dates Lived at Residence: (From) <input type="text"/> / <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/> / <input type="text"/>	Dates Lived at Residence: (From) <input type="text"/> / <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/> / <input type="text"/>

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SECTION C: List below all occupations, positions of employment and offices held during the last 7-years immediately preceding the date the Distributor application is filed. (The employment information listed below must reflect the requirements listed in Wis. Stat. § 450.071(3)(c).)

<p>Occupation/Position</p> <input style="width: 95%; height: 20px;" type="text"/> <p>Office Held</p> <input style="width: 95%; height: 20px;" type="text"/> <p>Name of Business</p> <input style="width: 95%; height: 20px;" type="text"/> <p>Address of Business/Corporation or Other Entity</p> <input style="width: 95%; height: 20px;" type="text"/> <p>Dates of Employment:</p> <p>(From) <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>(To) <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p>	<p>Occupation/Position</p> <input style="width: 95%; height: 20px;" type="text"/> <p>Office Held</p> <input style="width: 95%; height: 20px;" type="text"/> <p>Name of Business</p> <input style="width: 95%; height: 20px;" type="text"/> <p>Address of Business/Corporation or Other Entity</p> <input style="width: 95%; height: 20px;" type="text"/> <p>Dates of Employment:</p> <p>(From) <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>(To) <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p>
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Name of Business <input type="text"/>	Name of Business <input type="text"/>
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- SECTION D:**
1. Have you been, in the last 7-years preceding the date the Distributor application filed, the subject of any proceedings for a revocation of any business or professional license and the disposition of the proceeding?
 Yes **If yes, provide an attached statement.**
 No
 2. Have you been, in the last 7-years preceding the date the Distributor application filed, enjoined by a court, either temporarily or permanently, from possessing, controlling, or distributing any prescription drug?
 Yes **If yes, provide an attached written description of the circumstances surrounding the injunction.**
 No
 3. Have you had any involvement in the past 7-years immediately preceding the date of the Distributor application filed, with any business, including investments other than the ownership of stock in a publicly traded company or mutual fund that manufactured, administered, prescribed, distributed, or stored pharmaceutical products or drugs?
 Yes **If yes, describe the involvement and list any lawsuits in which the business was named as a party and attach to this form.**
 No
 4. Have you had any misdemeanor or felony criminal offense, as an adult, that you have been found guilty, adjudication of guilty that was withheld, pleaded guilty or no contest?
 Yes **If yes, provide a written description and indicate if you are appealing this conviction along with a copy of the notice of appeal or the final disposition of the appeal (not more than 15 days after the final disposition is reached and attach to this form.)**
 No
 5. I have signed and submitted with this form the Authorization for Release of FBI Information (Form #2687) and have contacted Fieldprint for the electronic fingerprint required by statute. **If applicant is NABP Drug Distributor Accredited (DDA) the Designated Representative will not need to provide fingerprints.**
 Yes **My fingerprints were submitted to Fieldprint within the last 14 days.**
 No **If no, describe why you are not in compliance with this statute.**
 6. I have listed below any other names ever used (e.g., Legal Name Change, Maiden Name, Alias), and particularly, any names I have been arrested under.
 7. I have been employed full-time for at least 3-years in a Pharmacy or with a Wholesale Prescription Drug Distributor in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs.
 Yes
 No **If no, describe why you are not in compliance with this statute.**

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8. I am employed by the applicant full-time in a managerial level position.

Yes

No **If no, describe why you are not in compliance with this statute.**

9. I am physically present at the Wholesale Prescription Drug Distributor's facility during regular business hours and am involved in and aware of the daily operation of the Wholesale Prescription Drug Distributor. This subdivision does not preclude the Designated Representative from taking authorized sick leave and vacation time or from being absent from the facility for other authorized business or personal purposes.

Yes

No **If no, describe why you are not in compliance with this statute.**

10. I am actively involved in and aware of the daily operations of the Wholesale Distributor.

Yes

No **If no, describe why you are not in compliance with this statute.**

11. I am a Designated Representative for only one applicant at any given time. This subdivision does not apply if more than one Wholesale Distributor is located at the facility and the Wholesale Distributors located at the facility are members of an affiliated group.

Yes

No **If no, describe why you are not in compliance with this statute.**

12. I have not been convicted of violating any federal, state, or local law relating to wholesale or retail prescription drug distribution or distribution of a controlled substance.

Yes

No **If no, describe why you are not in compliance with this statute.**

AFFIDAVIT OF DESIGNATED REPRESENTATIVE

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

/ /

Designated Representative Signature (If unable to provide a digital signature print and sign form.)

Date

Printed Name of Designated Representative