

Pharmacy Examining Board

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Madison, WI 53703

E-Mail: DSPSCredPharmacy@wisconsin.gov
Website: <http://dsps.wi.gov>

AUTOMATED TECHNOLOGY FINAL CHECK PILOT PROGRAM APPLICATION

DBA NAME OF PHARMACY: (This must be the name on the pharmacy license.)	PHARMACY TELEPHONE:	PHARMACY WI LICENSE NUMBER:
PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code		
MANAGING PHARMACIST:	EMAIL:	
AUTOMATED TECHNOLOGY FINAL CHECK SUPERVISING PHARMACIST:	EMAIL:	
AUTOMATED TECHNOLOGY NAME AND MODEL NUMBER:		
SOFTWARE VERSION:		
VENDOR:		

Wisconsin Department of Safety and Professional Services

We attest that we have read, understand, and will comply with all requirements of automated technology final check pilot program requirements; the application covers only the pharmacy indicated above and at the location specified; and that we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Supervising Pharmacist Signature

WI License Number

Date

Printed Name of person signing above

Managing Pharmacist Signature

WI License Number

Date

Printed Name of person signing above