



**NOTIFICATION OF INSTALLATION OR DISCONTINUANCE OF AN
 AUTOMATED DRUG DELIVERY SYSTEM (Bus. & Prof Code § 4105.5)**

A pharmacy that owns or provides dangerous drugs dispensed through an automated drug delivery system as defined in paragraph (1) of subdivision (a) of Section 1261.6 of the Health and Safety Code shall register the automated drug delivery system by providing in writing the location of each device within 30 days of installation of device. The pharmacy shall also advise the board in writing within 30 days if the pharmacy discontinues operating an automated drug delivery system.

The operation of the automated drug delivery system shall be under the supervision of a licensed pharmacist as required by law.

This form is intended to assist pharmacies in complying with the registration process.

Pharmacy Operating the Automated Drug Delivery System (Please print or type)

Name of pharmacy:			Pharmacy License Number:		
Address of Pharmacy: Number and Street		City	State	Zip	
Name of person authorized to clarify information provided on this form:					
Telephone Number:			Email Address:		

Location of Automated Drug Delivery System:

Facility Name:			Type of Facility:		
Facility Address: Number and Street (including room number when appropriate)		City	State	Zip Code	
Contact Person at Facility:		Telephone Number:	Email Address:		

Installation or Discontinuance Date of Automated Drug Delivery System:

Date Installed at Facility:	Date Removed from Facility:
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For Office Use Only	
<input type="checkbox"/> Geo _____ <input type="checkbox"/> Pharmacy <input type="checkbox"/> Sup RPH <input type="checkbox"/> PIC	Date Processed: _____ By: _____ Date Approved: _____ By: _____