



**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

Please review items 1-6 to ensure your application is complete before mailing to the board.

1. Application for an EMSADDS License (17A-104)

- Complete the entire application and submit with original signatures.
- Provide the physical location of the EMSADDS.
- Provide type of EMSADDS (manufacture, model, and serial number)

2. EMSADDS Application Processing Fee \$150

- Include a check or money order made payable to the Board of Pharmacy.
This fee is nonrefundable.

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

4. 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.

5. **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.

6. **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.



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Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



**APPLICATION FOR AN EMERGENCY MEDICAL SERVICES
 AUTOMATED DRUG DELIVERY SYSTEM (EMSADDS) LICENSE**
 (Bus. & Prof 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's Location (Cannot exceed 65 characters including spaces)

 Address of Location: Street City State Zip Code

 Type of EMSADDS (provide manufacturer, model and serial number)

Emergency Medical Services Provider Agency (EMSPA)

 Name of the EMSPA

 Address of Location: Street City State Zip Code

 Name of Contact Person

 PIC Telephone Number Email Address

For Board Use ONLY

Date Processed: _____ Date Issued: _____ Date Cashiered: _____
 Processed by: _____ Issued by: _____ Cashiering #: _____
 Amount Received: _____

Medical Director Who Oversees the Emergency Medical Services Provider Agency

Name of Medical Director	License Type	License Number	License Expiration Date
Address of Record: Street	City	State	Zip Code
Telephone Number	Email Address		

Policies and Procedures for EMSADDS:

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

List the Designated Pharmacist(s) or Designated Paramedic(s) Responsible for Compliance with Duties Bus. & Prof Code § 4119.01.

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

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

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

Name of the Pharmacy or EMSPA Wholesaler that will furnish the dangerous drugs and dangerous devices:

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

Name of the Pharmacy or EMSPA Wholesaler that will furnish the dangerous drugs and dangerous devices:

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

APPLICANT AFFIDAVIT

The EMSADDS license will not be available to the public on the board’s web site. The board will email the PIC upon issuance of the ADDS license. Please allow 4-6 weeks to receive the physical license in the mail at the pharmacy.

APPLICANT AFFIDAVIT

The board is authorized to issue an emergency medical services automated drug delivery system license pursuant to Business and Professions Code 4119.01.

An ADDS license shall be renewed annually and the renewal date shall be the same as the underlying pharmacy or wholesaler that is also an emergency medical services provider agency license. The EMSADDS license shall be canceled by operation of law if the underlying license is not current, valid and active.

Under penalty of perjury, under the laws of the State of California, each person whose signature appears below, certifies compliance with Business and Professions Code section 4119.01; 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
Signature of Designated Pharmacist or Licensed Designated Paramedic	Name (please print)	Date
Signature of Designated Pharmacist or Licensed Designated Paramedic	Name (please print)	Date
Signature of Designated Pharmacist or Licensed Designated Paramedic	Name (please print)	Date