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## Customer Application for Prescription Drug & DSCSA Compliance

**Section 1 - Business Information** : Provide basic details about your business.

Business Name :			Website :
Primary Address :		Phone :	Fax :
City :	State :	Zip Code :	Email :
Primary Contact Name :	Primary Contact Phone :	Primary Contact Email :	Federal Tax ID :
Type of Business (check one) :			
Hospital	Clinic	Physician Practice	Gov't Agency
Other (Specify) : _____			

**Section 2 - Practice Location Information** : List all locations where prescription drugs will be ordered, stored, or dispensed. Include the primary location and any additional sites. Attach extra sheets if needed.

*Note* : For each location, indicate if it is registered with the state pharmacy board (e.g., Texas State Board of Pharmacy or North Carolina Board of Pharmacy). Provide the supervising practitioner's name and license number for **each site**.

Location Name	Address (Street, City, State, Zip)	Phone/ Fax	Supervising Practitioner* (Name and License #)	State Pharmacy Board Registration Number
Primary				
Additional 1				
Additional 2				

**Section 3 - Licensed Practitioner Information :** *Provide details about the licensed practitioner(s) associated with the business.*

**\*\*\*Attachment Required :** *Copy of the practitioner's license.\*\*\**

<b>Practitioner Name</b>					
<b>License Type</b> (e.g., MD, DO, APRN)		<b>State of Licensure</b>		<b>License Number</b>	
<b>Does the practitioner work at multiple locations?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (List all locations from Section 2) <hr/> <hr/> <hr/>				

**Section 4 - Delegated Authority Information :** *List individual(s) authorized to order or manage prescription drugs on behalf of the practitioner or clinic. Specify their associated location(s).*

*Note : If "Yes" to Prescriptive Authority Agreement, **attach a copy** for each delegated authority.*

Delegated Authority Name	Title/Role Phone Email	Associated Locations	Prescriptive Authority Agreement?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 5 - DSCSA Compliance Information :** *Provide the Global Location Number (GLN) for each location to ensure compliance with the Drug Supply chain Security Act (DSCSA). The GLN is a unique identifier required for DSCSA compliance. If you do not have a GLN, obtain one from a GS1-certified provider.*

Location Name	GLN
<b>Primary</b>	
<b>Additional 1</b>	
<b>Additional 2</b>	

**Section 6 - Compliance Certifications : *Certify that all locations meet the following compliance requirements.***

**Texas Compliance** (if applicable) :

- Each location is registered with the Texas State Board of Pharmacy (TSBP), if required.
- Each location maintains records as required by TSBP for at least two years.
- Practitioners meet the definition under Texas Health and Safety Code Chapter 483.

**North Carolina Compliance** (if applicable) :

- Each location is registered with the North Carolina Board of Pharmacy (NCBOP), if required.
- Each location maintains records as required by NCBOP for at least three years.

**General Compliance** :

- Each location has procedures for secure storage of prescription drugs.

**If any location does not meet a specific requirement, explain below :**

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**Attachments Checklist :**

**Ensure all required documents are included.**

- Copy of practitioner's license
- Copy of Prescriptive Authority Agreement (if applicable)
- Additional location details (if more space is needed)
- Other (specify): \_\_\_\_\_

**Authorized Signature** : *I certify that the information provided is accurate and that all locations comply with applicable regulations for ordering, storing, and dispensing prescription drugs, including DSCSA requirements.*

Authorized Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Age Verification: I confirm that I am 18 years of age or older.  Yes