

**Capital Wholesale Drug Company  
RETAIL PHARMACIES**

Customer Account Number and/or Account Name	
<b><i>COPY OF STATE AND FEDERAL LICENSE <u>MUST BE INCLUDED</u></i></b>	

Please mail or FAX the completed Regulatory Information Sheet:

To: Mr. David Franklin  
Vice President of Operations  
Capital Wholesale Drug Company  
873 Williams Avenue  
Columbus, OH 43212  
FAX: (614) 297-8224

Subject: Regulatory Information Sheet for Compliance

Dear Customer:

To ensure compliance with requirements of individual state licensing boards and to ensure compliance with the requirements of the Code of Federal Regulations on the sale of Controlled Substances, Capital Wholesale Drug Company must perform due diligence on each customer where prescription drugs and/or controlled substances are purchased. We ask that you complete the questions below, attach information where requested and return the information to the address above within 30 days. All information will be held in strict confidence.

<b>Section I - State Governing Board and Licensing Information</b> <i>(You must attach a copy of your license as described below)</i>	
1. <i>State of Licensure and type of license, e.g., pharmacy, practitioner, wholesaler, hospital/clinic, etc.</i>	
2. <i>Enter your state license number and expiration date. <b>DO NOT forget to attach a copy of your current state license</b></i>	
3. <i>At any time in the last 5 years have you been inspected by a state governing board, the State Board of Pharmacy or Medical Board? If yes, provide a separate sheet of paper stating the results of this inspection and corrective actions taken.</i>	
4. <i>Are you currently under investigation by the Board of Pharmacy or Medical Board or any state governing board? If yes, provide a synopsis of the investigation on a separate sheet of paper.</i>	
5. <i>Have you or your company or business ever had a license denied, revoked or suspended by any state governing board? If yes, attach a separate sheet of paper stating the reason(s) for any of these actions.</i>	

<b>Section II - General Compliance and Business Information</b>	
1. Provide the name of the employee that is directly responsible for ensuring that prescription drugs and/or controlled substances are adequately safeguarded in accordance with state and federal regulations. This person is normally the Pharmacist in Charge, Medical Practitioner or Designated Representative.	
2. Provide the area code and telephone number of the employee listed above.	
3. Provide the name of the employee or purchasing agent that is responsible for the purchasing of prescription drugs and controlled substances. If these are two separate employees then enter the name of each employee along with area code and telephone number for direct contact	
4. Indicate the number of years you have been in business at this location.	
5. Has there been any change in ownership of this business within the last 5 years.	
6. Do you resell any prescription drugs or controlled substances to other wholesale distributors or pharmacies? If yes, you must attach a listing of these customers along with addresses and telephone numbers.	
7. Do you operate an Internet Site that offers the sale of Pharmaceutical products (prescription drugs and/or controlled substances) to the general public? If Yes, indicate the website address and the number of years you have operated this website.	
8. If you operate a website that offers the sale of pharmaceutical products to the general public you must attach a copy of your Verified Internet Pharmacy Practice Site (VIPPS) Accreditation or Verified Accredited Wholesale Distributor (VAWD) Accreditation.	

<b>Section III - Controlled Substance Registration Information</b> (You must attach a copy of your most current DEA controlled substance registration certificate)	
1. Federal DEA Number	
2. Business name and/or name of individual as it appears on your Federal DEA controlled substance registration certificate.	
3. License Type. For example: Retail Pharmacy, Practitioner, Distributor, Hospital/Clinic	
4. Name of the person that signed the original application for the registration and/or the most recent renewal submitted to the DEA.	
5. Name of the person authorized to execute (sign) the DEA 222 Form.	

6. We reserve the right to ask for a Power of Attorney at any time another person executes a DEA Form 222 in your behalf.		
7. At any time in the last five years have you been inspected by the DEA? If yes, provide a separate sheet of paper that provides the results of this inspection and corrective actions taken.		
8. Are you currently under investigation by the DEA?		
9. Have you or your company or business ever had a controlled substance registration denied, revoked or suspended for cause? If yes, attach a synopsis of this action on a separate sheet of paper.		
10. For controlled substance sales, you MUST indicate below all types of customers that purchase controlled substances from your business. Please circle each type of customer that applies.		
Retail Pharmacy (Dispensing to Customers)	Practitioner's Office	Emergency Clinics
Hospitals	Nursing Homes	Hospice Pharmacies
Hospice Patients	Diet Clinics	Wholesale Distributors
Pharmacies	Government agencies	Other (please indicate below)

Your signature below is required.

We thank you for furnishing the information above and for attaching the supporting documentation as requested. If you have questions, do not hesitate to contact Mr. David Franklin at (614) 297-8234.

***I certify under penalty of perjury that the forgoing information is true and correct. I also agree to contact Capital Wholesale Drug Company if there is any change in the regulatory status of this business such as a change in licensure or ownership.***

\_\_\_\_\_  
 (Signature of the Responsible Business Owner)

\_\_\_\_\_  
 (Date)

Review by Capital Wholesale Drug Company	
Accepted _____	Returned for additional Information _____
_____ Signature of responsible Capital Employee conducting review	_____ Date