**FORM B: Pharmacy Services Enrollment Application**

The Pharmacy that will be notified of activation for an Event by the DSHS State Medical Operations Center (SMOC) Director or their designee must complete the OE application. The Pharmacy will submit electronically to Beverly.Taylor@dshs.texas.gov. If there are questions, contact Ms. Taylor at (512) 776-2284.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current License, Certification, Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach copy)

Current Proof of Liability Insurance, such as pharmacist liability insurance, professional liability insurance, malpractice insurance, professional business liability insurance, or equivalent form of liability insurance/coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach copy)

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_Yes \_\_\_\_\_No

Do you have telephone availability? \_\_\_\_\_\_Yes \_\_\_\_\_No

Do you speak and read English? \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_No

Do you speak another language(s)? \_\_\_\_\_\_\_Yes \_\_\_\_\_No. If yes, please specify\_\_\_\_\_\_\_

Do you have the ability to travel to other locations? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony? \_\_\_\_\_\_Yes \_\_\_\_\_No, if “Yes,” please explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: DSHS may require additional information related to convictions of misdemeanors.

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.**

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refuse to activate or, if activated, immediate deactivation.

I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statues.

**THIS APPLICATION MUST BE SIGNED**

**Sign Here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature – Applicant Date