



New Jersey Office of the Attorney General

Division of Consumer Affairs

Board of Pharmacy

124 Halsey Street, 6th Floor, P.O. Box 45013

Newark, New Jersey 07101



Pharmacy Remote Processing of Prescriptions Notification

On May 1, 2023, [N.J.A.C.13:39-4A](#) was adopted, allowing pharmacies in New Jersey to engage in the remote processing of prescriptions (“RPP”). The regulations require a pharmacy exercising this option to notify the Board on a form supplied by the Board. Please submit the following information to enable one or more pharmacists or pharmacy technicians employed by the pharmacy to work remotely. The permit holder, pharmacist-in-charge and remote participants must review the rules and agree to comply with all conditions related to working remotely.

The signed agreement shall be uploaded to the pharmacy’s New Jersey *MyLicense* account (this is same account used to complete the pharmacy’s annual renewal and/or to notify the Board of a change of pharmacist in charge):

- Supply all requested information on this notification and save this signed Pharmacy Remote Processing of Prescriptions Notification as a single PDF file named “**Pharmacy Remote Processing of Prescriptions Notification**”.
- Click on this link, [MyLicense](#), and login to the pharmacy’s account.
- On the **Upload Documents** page, choose “**Remote Processing of Prescriptions**” as the “**Document Type**” from the dropdown list.
- Follow the instructions to submit this signed document.

NOTE: If there is a change of pharmacy ownership, pharmacy location, pharmacist-in-charge or staff working remotely (i.e. added or removed, or a change in their remote location), a completed and signed updated **supplemental notification** must be uploaded to the pharmacy’s *MyLicense* account to properly record these changes.

Pharmacy name: _____

Pharmacy address: _____

Pharmacy Permit Number: **28RS** _____

Pharmacy phone number: _____ (please include area code)

Name of point-of-contact for Notification form: _____

Email address for point-of-contact: _____

Please select one:

- This is the **Initial** notification of this pharmacy’s participation in the RPP.
- This is a **Supplemental** notification of this pharmacy’s participation in the RPP due to:
 - Change of pharmacy ownership
 - Change of pharmacy location
 - Change of pharmacist-in-charge
 - Change in remote participants and / or their remote location(s)

Comments (if necessary):

The undersigned certify and/or agree to the following:

- I have read and agree to comply with the Remote Processing of Prescriptions rule in [Subchapter 4A of the Board's regulations](#) and understand my responsibilities as either a permit holder or a pharmacist-in-charge as they pertain to these regulations.
- I certify that I have received a certification from each employee working remotely that they have successfully completed the training required by [N.J.A.C.13:39-4A.2\(i\)2 & 3](#), and that these certifications will be stored at the pharmacy and will be available to the Board or Board inspectors upon request (The **Certification Form** can be found on page #4 of this document).
- If there is a change of pharmacy ownership, pharmacy location, pharmacist-in-charge or staff working remotely (i.e. added or removed, or a change in their remote location), a **supplemental notification** must be uploaded to the pharmacy's **MyLicense** account within 5 days of any change named above.

Permit Holder/Authorized Representative's name: _____

Title: _____

License number (if applicable): _____

Signature: _____

Date: _____

Pharmacist-in-Charge name: _____

License number: 28RI _____

Signature: _____

Date: _____

Remote Prescription Processing – Remote Participant Certification

Every employee working remotely must complete this certification (this includes a pharmacist-in-charge who works in the store for at least 35 hours weekly, and may perform work remotely in addition to those hours). These certifications must be stored at the pharmacy and be available to the Board or Board inspectors upon request.

I certify that I have received and completed the training required by [N.J.A.C.13:39-4A.2\(i\)2 & 3](#) to engage in the remote processing of prescriptions on this date: _____ .

Name: _____

Pharmacist License # / Pharmacy Technician Registration #: _____

Signature: _____

Date of this Certification: _____