

PLEASE RETURN THIS CHECK-LIST WITH YOUR APPLICATION

PHARMACY/HOME IV INFUSION CHECK-LIST

Enclosed, please find my completed application for appointment to Kern Health Systems.

I have enclosed the following:

	YES	NO	If not enclosed, expected date
1) Copy of Current PIC License	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Copy of Current Pharmacy Permit	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Copy of DEA Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Current Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) Current General Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) Sterile Compounding License (or Accreditation or Attestation)	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) Completed Pharmacy Application	<input type="checkbox"/>	<input type="checkbox"/>	_____

If DME Services are included the following must be included:

- 1) City Business License
- 2) State Retail License

Comments: _____

