

Medical Gas Dispenser Renewal Application - *Instructions*

Resident and Non-Resident

Renewal payment is due November 1 and registrations expire December 1 of each year.

Renewal fee is \$260.00 if submitted before the expiration date of the current registration. If the current registration has expired, the renewal fee is \$390.00. Registration cards are mailed to the facility's physical address. Renewal application, supporting documentation, and correct payment must be received as a complete packet by the Board prior to the registration expiration date to avoid late fees. All fees are non-refundable.

Mail the completed renewal form, documents, and payment to:

Minnesota Board of Pharmacy
335 Randolph Avenue, Suite 230
St. Paul, MN 55102

Checks should be made payable to the **Minnesota Board of Pharmacy**. All payments are non-refundable.
State of Minnesota Tax ID: 4405717, Federal Tax ID: 41-6007162

A facility with only a medical gas dispenser registration can only dispense legend medical gases to patients by prescription. Contact the Board if you distribute to other entities or businesses to find out what type of registration or license your facility may require. If your facility has a medical gas manufacturer or wholesaler license, you can dispense medical gases to patients without also obtaining a medical gas dispenser registration.

Checklist for **RESIDENT** Medical Gas Dispensers

All applicants residing in the State of Minnesota are required to complete and submit the following information with the renewal.

- **Application.** Complete the application in its entirety and submit with payment and required documents. Do not leave blanks. If an item or question is not applicable, indicate N/A.
- **Workers' Compensation Requirements.** Minnesota Statute §176.182 requires the applicant to provide acceptable proof of compliance with the workers' compensation coverage provisions before the Board of Pharmacy will issue a registration.

Checklist for **NON-RESIDENT** Medical Gas Dispensers

All non-resident applicants are required to complete and submit the following information with the renewal.

- **Application.** Complete the application in its entirety and submit with payment and required documents. Do not leave blanks. If an item or questions is not applicable, indicate N/A.
- **Current Home State License/Registration.** A copy of the facility's current home state license/registration from the state that the facility is located, or a letter from the home state agency explaining why a license/registration is not required.

Important

Once review of the renewal application begins, the process may be delayed if there is a:

- change of ownership;
- change of location;
- change of name;
- change of managing officer (i.e. addition and/or removal of an officer).

For each case above, the applicant must complete the appropriate form from the website for each change and submit the required documents and fee to the Board. All application fees are non-refundable.

Medical Gas Dispenser Renewal Application

Resident and Non-Resident

Renewal fee: \$260.00 , due by November 1, 2021. Registration expires December 1, 2021. After December 1, 2021, renewal fee is \$390. All payments are final.

The medical gas dispenser registration ID will begin with the number "6". Do not complete this form if your registration ID number begins with any other number.

Facility Name		MN Registration Number	
Minnesota Tax ID – Residents Only	Federal Tax ID	Application Renewal Cycle 12/01/21 – 11/30/22	Expiration Date of the Current Reg. December 1, 2021

Physical Address of the Facility			Mailing Address of the Facility if different from the Physical Address		
City	State	Zip	City	State	Zip
Facility Contact (the supervisor/manager at facility)		Phone Number	Contact Name		
Email Address for the Facility Contact			Email Address for licensing information only		

Individual Completing Application

Must be authorized to discuss application materials.

Name	Phone	Email to be used for questions during the renewal
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Insurance Cover for Facilities Residing in Minnesota

Minnesota Statute § 176.182 requires the applicant to provide acceptable proof of compliance with the workers' compensation coverage provision before the Board of Pharmacy shall issue a registration.

If your facility is not located in the state of Minnesota, do not complete this section. If your facility is in Minnesota, please check the appropriate box below.

This facility does not employ anyone and will not supply workers compensation coverage documents.

This facility is self-insured and has attached a **Certificate of Exemption**.

This facility has paid, or compensated employees and has attached a **Certificate of Insurance**.

This facility has paid, or compensated employees and is supplying the insurance company information:

Insurance Company Name	Policy Number	Expiration Date	Phone Number
Address	City	State	Zip Code

On behalf of each individual owner, shareholder, partner, or corporate application, answer the following.

Yes No

Has the application been convicted, or plead guilty to a felony in any court that has not been previously disclosed to the Board? If yes, provide a copy of each court order along with a written self-explanation, for all orders issued since last renewal.

Has the applicant been denied an original license/registration application or renewal in this state or any other state? If yes, provide copies of all related and relevant documents received since the last renewal.

Has the applicant had other professional license/registration suspended, revoked, placed on probation, or subjected to reprimand or corrective action by a state or federal agency or court? If yes, provide copies of all relevant stipulations, findings of fact, orders, FDA form 483s, and other relevant documents received since last renewal.

Acknowledgement

The data that you supply on this form will be used to assess your qualifications for renewal. You are not legally required to provide this data, but the Board will not be able to grant the renewal without it. This data will constitute a public record if and when the renewal is granted, and, at the time, copies may be issued to anyone.

I have read the above statement and agree to supply the data on this form with full knowledge of the information provided to that statement. In addition, I, the undersigned, do hereby certify that all of the information contained in this renewal application is true and correct, and that the firm will be operated in compliance with all application laws and regulations.

Signature of Applicant

Date

Type or Print Full Name

Title