

## HOSPITAL, NURSING HOME, CLINIC BASED PHARMACY QUESTIONNAIRE

1. a. Is your intent to be an outpatient community pharmacy open to the public?

Yes\_\_\_\_\_ No\_\_\_\_\_

b. Is this a closed pharmacy, i.e. servicing your own patients? Yes\_\_\_\_\_ No\_\_\_\_\_

2. Is your pharmacy on the premises of a hospital, clinic or nursing home or at an off-site satellite location?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, provide the name of the facility and indicate your affiliation with this facility.

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3. Is this pharmacy licensed under a different name other than the name of the facility?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, provide the name: \_\_\_\_\_

4. Is the pharmacy licensed as a "for-profit" outpatient retail pharmacy?

Yes\_\_\_\_\_ No\_\_\_\_\_

5. Please indicate if you will be dispensing to:

o General Public: Yes\_\_\_\_\_ No\_\_\_\_\_

o Hospital Yes\_\_\_\_\_ No\_\_\_\_\_

o Nursing Home Yes\_\_\_\_\_ No\_\_\_\_\_

o Clinic Yes\_\_\_\_\_ No\_\_\_\_\_

o Assisted Living Environment Yes\_\_\_\_\_ No\_\_\_\_\_

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Signature