



# MISSISSIPPI BOARD OF PHARMACY

6360 I-55 North, Suite 400  
Jackson, MS 39211  
[www.mbp.ms.gov](http://www.mbp.ms.gov)

Office: 601-899-8880  
Fax: 601-899-8851  
[licensing@mbp.ms.gov](mailto:licensing@mbp.ms.gov)



## COMPOUNDING CERTIFICATE APPLICATION

January 1, 2020 – December 31, 2021

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

PIC/Designated Person: \_\_\_\_\_

Permit Number: \_\_\_\_\_

PIC/Designated Person's Email: \_\_\_\_\_

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

PIC/Designated Person's License Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Are you compounding:  Sterile  Non-Sterile  Combination  Nuclear  Hazardous

Are you compounding non-sterile to sterile?  YES  NO

Do you only perform sterile compounding for immediate use?  YES  NO

Are you shipping out of state?  YES  NO

Do you compound for veterinary use?  YES  NO

Have you been inspected by the FDA?  YES  NO

Have you been inspected by NABP?  YES  NO

**If you have been inspected by either the FDA or NABP, please submit a copy of your latest inspection.**

**If this is a non-resident pharmacy, you MUST submit a copy of your last state inspection.**

Compounding Supervisor's Signature: \_\_\_\_\_

Name Typed or Printed: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

License Number: \_\_\_\_\_

File Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Receipt Number: \_\_\_\_\_