



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-2412  
Phone: 603-271-2152

**AUTOMATED PHARMACY SYSTEM REGISTRATION FORM**

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

**Pharmacy Address:**

\_\_\_\_\_ (Street) (City) (State) (Zip Code)

**DEA #** \_\_\_\_\_

**If Remote:**

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

**Pharmacy Address of Remote Site:** \_\_\_\_\_ (Street) (City) (State) (Zip)

**Desired Location in The Facility Where APS Will Be Located:**

**Name of Pharmacist in Charge or Consultant Pharmacist:**

\_\_\_\_\_