

APPLICATION FOR APPROVAL OF AN INNOVATIVE PILOT AND DEMONSTRATION RESEARCH PROJECT
Hawaii State Board of Pharmacy

Instructions: Please complete this application and include any attachments in support. The Board will consider only complete applications.

Title of Pilot/Demonstration Project	
Name and Business Address of Pharmacy where pilot/demonstration project is to be conducted	Pharmacy Permit No. PHY -
Pharmacy Telephone No.	Pharmacy Email
Name and License Number of Hawaii Licensed Pharmacist Responsible for Pilot/Demonstration Project PH -	Is the Pharmacist Responsible for the Pilot/Demonstration Project the PIC for this Pharmacy? ____ Yes ____ No If "No", is the PIC aware of the proposed Pilot/Demonstration Project ____ Yes ____ No
Contact Phone No. for Pharmacist Responsible for Pilot/Demonstration Project	Contact Email for Pharmacist Responsible for Pilot/Demonstration Project

Please attach the following items and label as indicated:

<u>Label</u>	<u>Description</u>
<u>Attachment 1</u>	A detailed description, narrative, or summary of the new process or procedure for which approval is being sought.
<u>Attachment 2</u>	A listing of the laws or administrative rules for which waivers are being requested through approval of this program and a brief explanation why each wavier is needed.
<u>Attachment 3</u>	An explanation as to the rationale for the program that includes any benefit(s) and risk(s) to the consumer.
<u>Attachment 4</u>	A summary of the outcomes that will be measured, method for measuring, and timelines for measurements, including requested duration of the approval.
<u>Attachment 5</u>	Disclosure of financial interests, if applicable.
<u>Attachment 6</u>	Any additional supporting information, such as technical or other descriptive literature describing equipment needed in order to provide the service or activity proposed, process for the pharmacy, including additional training, if applicable.

Attestment:

I attest that the information furnished on this application is true and correct. I understand that misrepresentation is grounds for refusal or subsequent disapproval of the proposed pilot/demonstration project.

 Print Name of Pharmacist Responsible for Pilot/
 Demonstration Project

 Print Name of PIC of Pharmacy where Pilot/
 Demonstration will be conducted

 Signature of Pharmacist Responsible for Pilot/
 Demonstration Project

 Signature of PIC of Pharmacy where Pilot/
 Demonstration will be conducted

 Date

 Date