

**AMERICAN PHARMACY SERVICES CORPORATION (APSC)**

**PHARMACY RELIEF SERVICE (PRS)  
PHARMACY APPLICATION  
(Eastern and Western Kentucky)**

**Please Type or Print:**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner/Manager/Director \_\_\_\_\_

Pharmacy Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Pharmacy Permit Number \_\_\_\_\_

Pharmacy Hours \_\_\_\_\_

**Please check skills required of a Relief Pharmacist;**

Computer \_\_\_\_\_ System \_\_\_\_\_

IV Mixture \_\_\_\_\_ Hyperalimentation \_\_\_\_\_ Chemotherapy Prep LTC Consulting \_\_\_\_\_

Nursing Home Disp. \_\_\_\_\_ Third-Party \_\_\_\_\_ Resuscitation Code Call \_\_\_\_\_

**TERMS OF AGREEMENT**

1. Relief Pharmacist referred by APSC can only be retained and scheduled through the PRS.
2. Participating APSC shareholder pharmacies will be charged \$65.00 per hour, APSC associate pharmacies will be charged \$70.00 per hour and non-affiliated pharmacies will be charged \$75.00 per hour. This amount includes the professional service and travel time of the Relief Pharmacist, and a program administrative fee.
3. A knowledgeable technician must be at the pharmacy while a Relief Pharmacist is scheduled.
4. Relief Pharmacists will be paid by APSC. Participating pharmacies will be invoiced at the beginning of the month for service rendered during the preceding month.

5. Cancellation of a Relief Pharmacist less than seventy-two (72) hours prior to the scheduled time of agreement will result in the pharmacy being invoiced for "first-day" charges.

**TERMINATION OF AGREEMENT**

1. For any violation of the aforementioned terms. Violation is subject to resource deemed appropriate by the APSC Board of Directors.
2. For willfully providing inaccurate information.
3. For activities not in keeping with accepted pharmacy practice as determined by the APSC Board of Directors.

**ACCEPTANCE OF TERMS**

I have read and agree to the stated terms. I certify that all information provided to the APSC PRS is accurate. I authorize the PRS, or their agent, to verify any or all information provided as part of this agreement.

I understand that the PRS will make every effort to secure a Relief Pharmacist for the date(s) requested, but accept the fact the PRS cannot guarantee results and that success is directly related to the amount of time between the request and need.

Please find enclosed our \$25.00 enrollment fee.

Name (Please Print) \_\_\_\_\_

Signed \_\_\_\_\_  
Pharmacy Director

Name (Please Print) \_\_\_\_\_

Signed \_\_\_\_\_  
Hospital Administrator (if applicable)

Accepted By: \_\_\_\_\_ Date \_\_\_\_\_  
APSC Executive Vice President

Return to: American Pharmacy Services Corporation  
Attention – Teresa Doris  
102 Enterprise Drive  
Frankfort, KY 40601