

PCAB PRELIMINARY EVIDENCE REPORT CHECKLIST



This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for Pharmacy Compounding Accreditation Board (PCAB) Accreditation for Sterile and/or Non-Sterile Pharmacy Compounding.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Required items to be submitted to Accreditation Commission for Health Care (ACHC):

- Accreditation application
- Non-refundable deposit
- Current pharmacy License in home state
- Organizational chart
- Sample of Master Formulation Record
- Policies and procedures for the following:
 - Standard TCRX5-E
 - Standard TCRX5-G
 - Standard TCRX6-P (Non-Sterile Compounding)
 - Standard TCRX6-Q (Sterile Compounding)
 - Standard TCRX6-O (Sterile Compounding)

Disclosure of Pharmacy Citations (check only one):

- The facility is not currently under citation by any federal/state regulatory authority (FDA, Board of Pharmacy, etc.)
- Citation(s) by any federal/state regulatory authority were previously submitted by the facility with the application
- I am submitting with this PER Checklist citation(s) by federal/state regulatory authority(s)

Confirmation of the following (initial in spaces provided):

_____ I attest that this organization possesses all policies and procedures as required by the Accreditation Standards

_____ I acknowledge that this organization was/is/will be in compliance with the Accreditation Standards as of _____ (date)

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives for your survey may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements. I agree that during my accreditation with ACHC that if my facility is under citation by any federal/state regulatory authority that I will notify ACHC within ten (10) calendar days.

Name Title

Date Signature