

Kentucky Board of Pharmacy
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort, KY 40601
Phone 502-564-7910
Fax 502-696-3806

Candidate Questionnaire

The following additional information must be submitted for reciprocal licensure in Kentucky. Once completed, please mail to the above address.

1. Name and Address: _____

Phone number _____ Social Security Number _____

2. Have you ever been convicted of a misdemeanor? _____ a felony? _____
3. Have you ever taken an examination before the Kentucky Board of Pharmacy? _____
4. Have you ever failed or been refused an examination by any State Board of Pharmacy? _____
5. Have you ever been refused licensure by a State Board of Pharmacy? _____
6. a] Have you ever had a Pharmacy License/Permit or Certificate of Registration as a Pharmacist or Permittee acted against by any State Board of Pharmacy or any Federal or State Agency? _____
- b] Are you or any permit for which you are responsible currently the subject of any pending administrative or criminal action by any State Board of Pharmacy or any Federal or State Agency? _____
7. Have you ever been convicted of any violation of any law relating to the practice of pharmacy, drugs, or controlled substances?

IF YOU ANSWERED YES TO ANY OF THE ABOVE, GIVE DETAILS ON A SEPARATE SHEET AND ATTACH.

8. Full name and address of last associate, employee, or superior, we may contact for references.

I do solemnly swear and affirm that the foregoing information is true and correct to the best of my knowledge, and that I understand that I have a continuing obligation during the licensing process to immediately in writing inform the Kentucky Board of Pharmacy of any and all changes to the above answers and that according to the Kentucky Revised Statutes Section 315.121; a pharmacist's license may be revoked or suspended for presenting any false, fraudulent or forged statement, certificate, diploma, or other thing in connection with an application for a license of permit.

Signature

Sworn to and subscribed before me the _____ day of _____, 20____.

Notary Public