

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



PHARMACIST LICENSE RENEWAL APPLICATION

Please print legibly. Enclose check or money order made payable to 'Kentucky State Treasurer' for the amount of \$80.00. Return the completed application to the Kentucky Board of Pharmacy no later than February 28th.
Incomplete or illegible applications will be returned to applicant for correction.

Name _____ RPh License No _____

Street _____ Home Phone _____

City _____ County _____ State _____ Zip _____

E-mail Address _____ Birthdate _____ Social Security Number XXX-XX-_____

Primary Place of Employment: [Please provide secondary places of employment on additional sheet and attach.]

Pharmacy/Business Name _____

Kentucky Pharmacy Permit Number _____ Phone No. _____

YOUR APPLICATION FOR RENEWAL WILL BE RETURNED UNLESS ALL QUESTIONS ARE ANSWERED, ANY REQUIRED EXPLANATION IS PROVIDED AND THE APPLICATION IS DATED AND SIGNED.

- A. Have you ever been convicted of any law relating to the practice of pharmacy, drugs, or controlled substances which you have not previously reported to this Board? _____ YES, attach an explanation _____ NO
- B. Have you been refused licensure or re-licensure by any Board of Pharmacy which you have not previously reported to this Board? _____ YES, attach an explanation _____ NO
- C. Have you had a Pharmacist or Pharmacy license/permit surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy which you have not previously reported to this Board? _____ YES, attach an explanation _____ NO

The CE requirement of 15 contact hours applies to all Kentucky pharmacists regardless of state of residence or practice. As in previous years, pharmacists newly licensed by examination during the last year are exempt from that year's CE requirements.

- D. Have you completed the continuing education requirements of a minimum of one and five-tenths (1.5) CEU (fifteen (15) contact hours) annually between January 1 and December 31 per 201 KAR 2:015, Section 5 (1)(a)?
{Do not submit proof of CE with your renewal} _____ YES _____ NO, attach an explanation
- E. Pursuant to KRS 315.065(2), each Kentucky licensed pharmacist is required to complete 0.1 CEU of an ACPE or Cabinet for Health Services approved HIV/AIDS continuing education course at least one (1) time every ten (10) years. You must maintain this certificate for a minimum of ten (10) years. Please provide the year of completion for the course that meets this requirement.
_____ YEAR
- F. Do you have an account with the Kentucky All Schedule Prescription Electronic Reporting System (KASPER)?
_____ YES _____ NO, Not employed as a pharmacist
_____ NO, Place of employment does not have a DEA Registration
_____ NO, Employed at a non-dispensing pharmacy
_____ NO, Consultant Pharmacist

I certify that I am not in default nor have I received notice of being in default of any insured Student Loan under the Federal Family Educational Loan Program [FFELP] that is administered by or through the Kentucky Higher Education Assistance Authority or equivalent state or federal agency. A pharmacist who makes a false, fraudulent or forged statement or misrepresentation of a material fact in securing renewal of a license is subject to disciplinary action pursuant to KRS 315.121(1)(e).

DATE

SIGNATURE