

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

Fee \$25.00

(FOR BOARD USE ONLY - LEAVE BLANK)
Registration Number: _____
Date Issued: _____

APPLICATION FOR REGISTRATION AS A PHARMACIST INTERN

Name: _____
(Last) (First) (Middle) (Social Security Number)

Address: _____
(Street) (Phone)

(City) (State) (Zip) (Date of Birth)

(E-mail Address)

Have you ever been registered as a Pharmacy Technician in Kentucky? ____NO ____YES, Registration Number _____.

SCHOOL INFORMATION

Pharmacy School _____
Anticipated Date of Graduation _____
You must attach a copy of your acceptance letter.

FOREIGN GRADUATES ONLY

- You must attach a copy of your FPGE certificate.
- You must provide a mailing address located within the United States or submit a pre-addressed, postage paid envelope for mailing to an international address.

One recent passport size photograph must be attached.

***A positive response to questions A through D require a detailed explanation and submission of court and sentencing documents, police reports and other related documents.**

- A. Have you ever been convicted of a felony not previously reported to the Board?
____YES, *attach an explanation/documents ____NO
- B. Have you ever been convicted of violation (s) of any drug/alcohol laws not previously reported to the Board?
____YES, *attach an explanation/documents ____NO
- C. Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy or other Licensure Board not previously reported to the Board?
____YES, *attach an explanation/documents ____NO
- D. Have you had a pharmacist intern license/certification/registration surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy not previously reported to the Board?
____YES, *attach an explanation/documents ____NO
- E. Are you currently licensed, certified, or registered as a pharmacist intern in any another state?
____YES, please list _____ ____NO

I understand that in the event I am charged with any of the above, the Kentucky Board of Pharmacy must be notified within thirty (30) days and may initiate a review and take appropriate action to protect the citizens of the Commonwealth during this registration. 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 person who makes a false, fraudulent or forged statement or misrepresentation of a material fact in securing registration and/or renewal of registration is subject to disciplinary action pursuant to KRS 315.137(1)(c).

(Date)

(Signature)