

# Pharmacist License Online Renewal

1 Navigate to Licensure Gateway

2 Click on the license with a red "Expiring soon" banner.

The screenshot displays the 'Licensure Gateway' for the Kentucky Board of Pharmacy. The header includes the board's logo and name, and navigation links for Home, Applications, My Profile, and Help/Resources. The user is identified as Christopher P. Harlow with 0 Alerts and a Logout option. The main content area is titled 'Personal Licenses & Registrations' and features a red banner warning that a license is expiring soon. A tooltip provides instructions to click on the banner to manage the license. Below the banner, a green card displays the license details for a Pharmacist with License # 014951, expiring on 02/28/2025, and an 'Active' status. A left sidebar contains sections for Home Address, Mailing Address, and Contact Details, with the first two showing redacted information and the third showing no records on file.

### 3 Click "Renew as Active"

The screenshot shows a user interface for a pharmacist's license management. At the top right, the user is identified as "John Sample" with a notification bell icon and "1 Alert". Below this, the user's name "John Sample" and "Pharmacist #24414" are visible. The main content area is titled "License Options" and contains several buttons: "Renew as Active" (highlighted with an orange circle), "Print License Certificate", "Verification Request", "Inactive License Application & Renewal", and "Request Duplicate Engraved Certificate". Below the "License Options" section is a "Files" section with a table header showing "File" and "Date".

### 4 Enter your NABP e-Profile ID

The screenshot shows a renewal notice and a form. The notice text reads: "Our records indicate that your **Pharmacist License** will **expire on 02/28/2025**. A late fee of \$95.00 will be added to all renewals received online after 11:59 P.M. A renewal is received by **02/28/2025** only means you will not be assessed a late fee if your renewal is received by 11:59 P.M. on 02/28/2025. If your renewal is received after 11:59 P.M. on 02/28/2025, your renewal may not be processed for several days. Your registration will not be renewed until the next business day. Please inform the Board if your name or address has changed (such amendments can be processed). [Also include your correct e-mail address to receive Board communications mailed.](#)" Below the notice is a form with a label "\* NABP e-Profile ID:" and a text input field containing "000000". At the bottom right, there are two buttons: "Save / Exit" and "Next".

## 5 Click Next

to indicate that your **Pharmacist License** will **expire on 02/28/2025**.

A fee of \$95.00 will be added to all renewals received online after 11:59 P.M. EST on 02/28/2025. The fact that your renewal was received by 02/28/2025 only means you will not be assessed a late fee. Due to the volume of applications, your renewal may not be processed for several days. Your registration is not valid until processed. Please do not wait until the last minute to renew.

Notify the Board if your name or address has changed (such amendments cannot be processed via the online renewal process). Also include your correct e-mail address to receive Board communications and renewals as they are no longer being

Profile ID:

Save / Exit

Next

## 6 Click "Add" to update your Employment Information.

### Renewal Application

As a Pharmacist, enter all of the pharmacies where you currently work.

+ Add

added!

Pharmacy with a DEA registration that services Kentucky patients [humans]?

Pharmacy account?

7

You may search Kentucky Permitted Businesses by entering at least one criteria below.

authenticated via the Licensure Gateway

### KENTUCKY Board of Pharmacy

### LICENSURE

My Profile

Example |

ently work.

#### Search Kentucky Permitted Businesses

Please enter at least one criteria below to search for existing businesses.

**Permit #**

**Name**

**City**

**State**

**Permit Type**

8

Select "Yes" or "No" for the other questions in this section.

### Employment

If you are currently employed as a Pharmacist, enter all of the pharmacies where you currently work.

#### Employers

+ Add

No records have been added!

\* Do you work in a pharmacy with a DEA registration that services Kentucky patients [humans]?

Yes

\* Do you have a KASPER account?

Yes

Previous Save / Exit Next

9 Click this dropdown.

If you are currently employed as a Pharmacist, enter all of the pharmacies where you currently work.

**Employers**

No records have been added!

\* Do you work in a pharmacy with a DEA registration that services Kentucky patients [humans]?

Yes

\* Do you have a KASPER account?

Yes

Previous Save / Exit Next

10 Click Next.

pharmacy with a DEA registration that services Kentucky patients [humans]?

Yes

\* Do you have a KASPER account?

Yes

Previous Save / Exit Next

**11** Click the "I Acknowledge" field once you have reviewed CE requirements.

Verification
Confirmation

**board of CE credits earned from January 1, 2023 through Decemb**

The CE completed for this renewal period must have been obtained from

**\* I attest that I have completed, or will have completed, the continuing education requirements of a minimum of 1.5 CEU (fifteen [15] contact hours) between January 1, 2024 and February 28, 2025 per 201 KAR 2:015, section 5 (1)(a) with at least 1 contact hour on the topic of the opioid epidemic or opioid use disorder; OR, I am exempt from this year's CE requirement as a pharmacist licensed in the past 12 months. Note: Any CE hours obtained in January 2025 - February 2025 will only count for this renewal and will not count towards CE contact hours due in 2026.**

I Acknowledge

Previous Save / Exit

**12** Click Next

renewal period must have been obtained from January 1, 2024 through February 28, 2025.

**Completed, or will have completed, the continuing education requirements of a minimum of 1.5 CEU (fifteen [15] contact hours) between January 1, 2024 and February 28, 2025 per 201 KAR 2:015, section 5 (1)(a) with at least 1 contact hour on the topic of the opioid epidemic or opioid use disorder; OR, I am exempt from this year's CE requirement as a pharmacist licensed in the past 12 months. Note: Any CE hours obtained in January 2025 - February 2025 will only count for this renewal and will not count towards CE contact hours due in 2026.**

Previous Save / Exit **Next**

**13** Answer YES or NO to the following questions.

Employment ✓

Continuing Education ✓

Discipline ←

Verification

Confirmation

### Discipline

Answer YES or NO to the following questions. Any question answered YES must have a supporting document. THESE ANSWERS WILL BE VERIFIED.

\* Have you ever been convicted of any law relating to the practice of pharmacy which you have not previously reported to this Board?

Yes  No

\* Have you been refused licensure or re-licensure by any Board of Pharmacy which you have not previously reported to this Board?

Yes  No

\* 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  No

**14** Click Next

licensure or re-licensure by any Board of Pharmacy which you have not previously reported to

acist or Pharmacy license/permit surrendered to or fined, suspended, probated, or revoked by  
which you have not previously reported to this Board?

o makes a false, fraudulent or forged statement or misrepresentation of a material fact in securing  
subject to disciplinary action pursuant to KRS 315.121(1)(e). By signing below, you are attesting to the  
on provided above.

Previous

Save / Exit

Next

15

Verify the information is correct and click the "I Acknowledge" field once you have completed the application.

The screenshot shows a web application interface. On the right side, there is a form with a light blue header titled "Attestation". Below the header, there is a paragraph of text: "\* I certify that the statements contained in this application are true, statements shall form the basis of my application and I do authorize investigations that they deem appropriate and to secure any additional information they may now or in the future have concerning me, and I further authorize them to furnish any information they may now or in the future have concerning me to any person, corporation, institution, association, Board or any municipal, county, state, or federal governmental agencies or organizations, and that I understand according to the Kentucky Revised Statutes a 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 or permit." Below this text is a checkbox labeled "I Acknowledge", which is highlighted with an orange circle. At the bottom of the form, there are two buttons: "Previous" and "Save / Exit".

16

Click Next.

The screenshot shows the same web application interface as in the previous step. The form content is partially visible, showing the same text as before. At the bottom of the form, there are three buttons: "Previous", "Save / Exit", and "Next". The "Next" button is highlighted with an orange circle, indicating it is the next step in the process.



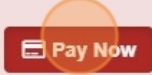
## 17 Click "Pay Now"

### Confirmation

You have not paid for your application, please click the button below to do so. Failure to pay for your application may result in cancellation. In order to further process and/or review your application, all fees must be paid. Applications fees not received within seven days from the submission date will expire.

A fee can be submitted via credit card (Visa/MasterCard/American Express/Discover) or e-check. There is a small convenience fee associated with the use of a credit card. This convenience fee is distributed to the company accepting your credit card, not the Kentucky Board of Pharmacy.

Payments may also be made via physical check payable to the **Kentucky State Treasurer**.

 Pay Now

Payment is required to complete the processing of your application. Failure to do so may result in cancellation. Submission of your application does not construe licensure. Please see your application checklist to view next steps and to upload pertinent documents.

### Submission Information

Date Submitted:

Confirmation #:

## 18 Click the corresponding "Invoice #"

All fees are non-refundable. Applications will not be processed until payment has been received.

### Invoices

Please click to select an invoice below. The Kentucky Board of Pharmacy accepts credit/debit card and e-check. Payments may also be made via physical check payable to the **Kentucky State Treasurer**.

Invoice #31  
Total: \$105.00

Exit / Go Home

19 Select "Pay Online Now"

Quantity	Item Amount	Item Price
1	\$105.00	\$105.00

Total: \$105.00

[Exit / Go Home](#) [Pay Online Now](#)

20 Select Method of Payment

## Pharmacy Licensing Payments

Payment Type

[ELECTRONIC CHECK](#) [CREDIT CARD](#)

**Summary**

**Pharmacist - Renewal**

Item Price: \$105.00


Quantity: 1

[Pharmacy Licensing Payments](#)


[Policies](#) [Security](#) [Disclaimer](#) [Accessibility](#)

TEAM KENTUCKY

21 Click the "Card Number (required)" field.



ACH / ELECTRONIC CHECK



CREDIT CARD





### Card Details

**Card Number** (required)

**Expiration Date** (required)

**Security Code** (required)

[Help](#)




### Cardholder Details


**Name** (required)

**Country** (required)

22 Enter your "Card Number"



ACH / ELECTRONIC CHECK



CREDIT CARD





### Card Details

**Card Number** (required)

**Expiration Date** (required)

**Security Code** (required)

[Help](#)


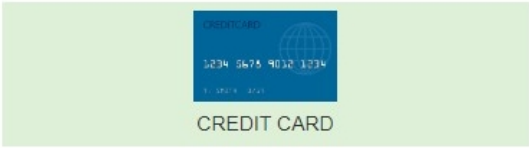


### Cardholder Details

**Name** (required)

**Country** (required)

**23** Enter your "Expiration Date" and "Security Code" within required fields.

 RONIC CHECK	 CREDIT CARD	<b>Pharmacist - Renewal</b> Item Price: \$105.00 Quantity: 1
		Sub Total
		Service Fee
		<b>Total</b>

**Expiration Date** (required)      **Security Code** (required)

01 ▼    2024 ▼      |      [Help](#)

**Country** (required)

United States ▼

**24** Confirm your Demographic Information is correct.

125 Holmes Street, Suite 300

**City** (required)      **State** (required)      **Zip Code** (required)

Frankfort      KY ▼      40601

**Email Address**

Please enter your email address to receive a copy of your receipt via email.


**NEXT**

[Cancel and return to Pharmacy Licensing Payments](#)

[Policies](#) [Security](#) [Disclaimer](#) [Accessibility](#)


25

Enter your email address in "Email Address" field to receive a copy of your receipt via email.

<b>Address Line 1</b> (required)	<b>Address Line 2</b>	
<input type="text" value="125 Holmes Street, Suite 300"/>	<input type="text"/>	
<b>City</b> (required)	<b>State</b> (required)	<b>Zip Code</b> (required)
<input type="text" value="Frankfort"/>	<input style="border: 1px solid #ccc; padding: 2px 10px; text-align: center; font-size: 0.9em; color: #444; background-color: #fff; border-radius: 3px; width: 100%;" type="text" value="KY"/> <span style="font-size: 0.8em; color: #444;">▼</span>	<input type="text" value="40601"/>
<b>Email Address</b>		
<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 3px; margin-bottom: 5px;" type="text"/>   		
<small>Please enter your email address to receive a copy of your receipt via email.</small>		
<div style="background-color: #0056b3; color: white; padding: 5px 15px; border-radius: 3px; display: inline-block; margin-top: 10px;">NEXT</div>		
<a href="#">Cancel and return to Pharmacy Licensing Payments</a>		

26

Click "Next"

<input type="text" value="Frankfort"/>	<input style="border: 1px solid #ccc; padding: 2px 10px; text-align: center; font-size: 0.9em; color: #444; background-color: #fff; border-radius: 3px; width: 100%;" type="text" value="KY"/> <span style="font-size: 0.8em; color: #444;">▼</span>	<input type="text" value="40601"/>
<b>Email Address</b>		
<input style="width: 100%; height: 25px; border: 1px solid #ccc; border-radius: 3px; margin-bottom: 5px;" type="text"/>		
<small>Please enter your email address to receive a copy of your receipt via email.</small>		
<div style="background-color: #0056b3; color: white; padding: 5px 15px; border-radius: 3px; display: inline-block; margin-top: 10px;">NEXT</div> 		
<a href="#">Cancel and return to Pharmacy Licensing Payments</a>		

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[Kentucky.gov](http://Kentucky.gov)

27 Click "Pay Now"

Card Number \*\*\*\*\*1111      Expiration Date 1/2024

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**Cardholder Details**

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**John Sample**  
125 Holmes Street, Suite 300  
Frankfort, KY 40601 United States

**PAY NOW**

[Cancel and return to Pharmacy Licensing Payments](#)

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**TEAM KENTUCKY**

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28 Click "Finish".

Pharmacist - Renewal	\$ 100.00	1
Sub Total		
Service Fee		
<b>Total</b>		

**FINISH**

**Kentucky.gov User?**

We noticed that you are not logged in to Kentucky.gov. If you would like to view your receipt online after closing this window, please log in or create an account.

[LOGIN WITH KENTUCKY.GOV](#)   [CREATE ACCOUNT](#)

[Why get a Kentucky.gov account?](#)

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29 Click "Print" if you would like to print a copy of your receipt.

**Payment Type:**

Credit Card

**Account Last 4:**

**Name:**

John Sample

**Address:**

125 Holmes Street, Suite 300  
Frankfort, KY 40601  
Franklin

Pharmacist - Renewal Pharmacist #24414	1
---	---

Convenience Fee	1
-----------------	---

Print

Exit / Go Home

30 Click Exit/Go Home to return to Dashboard

Pharmacist - Renewal Pharmacist #24414	1	\$105.00	\$105.00
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Convenience Fee	1	\$3.15	\$3.15
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**Total: \$108.15**

Print

Exit / Go Home

31 To print a copy of your license, click the license

Board of Pharmacy

Home Applications My Profile Help/Resources

Christopher P. Harlow 0 Alerts Logout

Home Address

Mailing Address

Contact Details

Employment Locations

Personal Licenses & Registrations

This license is expiring soon! Please click to manage license/permit and view documents, receipts, application history, etc.

Pharmacist

License #: 014951

Expiration: 02/28/2025

Active

32 Click "Print License Certificate"

John Sample 1 Alert

Pharmacist #24414

License Options

Print License Certificate

Request Duplicate Engraved Certificate

Verification Request

Files

File	Date
SAMP-6RS0B3 - Receipt.pdf	12/12/2024