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 \$105.00.

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 Home Phone			
					City
E-mail Address		Birthdate	Social Security Number XXX-XX		
Prima	rry Place of Employment: [Please provide sec	ondary places of employment on	additional sheet and atta	ch.]	
Pharn	nacy/Business Name				
Kentucky Pharmacy Permit Number		Phone No			
	YOUR APPLICATION FOR RENEWAL REQUIRED EXPLANATION IS PROVI			•	
A.	Have you ever been convicted of any law re have not previously reported to this Board?	· <u> </u>	macy, drugs, or controlle attach an explanation	ed substances which you NO	
В.	Have you been refused licensure or re-licenthis Board?		cy which you have not p ttach an explanation	oreviously reported to	
C.	•	e you had a Pharmacist or Pharmacy license/permit surrendered to or fined, suspended, probated, or ked by any Board of Pharmacy which you have not previously reported to this Board? YES, attach an explanation NO			
	requirement of 15 contact hours applies to a s, pharmacists newly licensed by examination ACPE accredited, or Ker		npt from that year's CE	requirements. All CE must b	
D.	Have you completed the continuing education requirements of a minimum of 1.5 CEU (fifteen [15] contact hours) annually between January 1 and December 31 per 201 KAR 2:015, Section 5 (1)(a) with at least one (1) contact hour on the topic of the opioid epidemic or opioid use disorder per Section 5 (1)(b))? {Do not submit proof of CE with your renewal} YES NO, attach an explanation				
E.	Do you work in a pharmacy with a DEA license that services Kentucky patients [human]? KRS 218A.202(2)				
F.	Do you have a CPE Monitor e-Profile ID Nur e-profile must list your Kentucky license.	mber? Your 	YESYES, please provi	ide NO	
licens	armacist who makes a false, fraudulent or forge se is subject to disciplinary action pursuant to K mation provided above.				
	DATE		SIGNATURE		

- ➤ **PRECEPTORS** Pharmacists seeking to serve as preceptors, but not yet certified, must have been licensed in Kentucky for not less than one year and submit a written request to the Board office. There is no additional fee for this status. Pharmacists no longer wishing to serve as a preceptor must submit a written request of removal to the Board office.
- ➤ NAME CHANGES Pharmacists who have undergone a name change and who request their license to be issued in a name other than that provided for in their original application or pursuant to a subsequent request for a name change are required to provide a copy of legal documentation of the name change, i.e. a marriage license, divorce decree or other judgments of a court of competent jurisdiction.
- > KRS 315.110(3) requires a pharmacist to possess a current pocket certificate at all times when engaged in the practice of pharmacy.
- ➤ KRS 315.065(2) No pharmacist's license shall be renewed until the license holder is able to submit written proof to the board that he has satisfactorily completed, in the previous renewal period, a continuing education program acceptable to the board. Such continuing education requirements shall be determined by regulation of the board, and shall include, at least one (1) time every ten (10) years, the course described in KRS 214.610(1), but they shall not require more than an average of one and one-half (1-1/2) continuing education units (CEU) per year. The board may in its discretion require completion of the course described in KRS 214.610(1) more frequently.