

1 BOARD AND COMMISSIONS

2 Kentucky Board of Pharmacy

3 (Amendment)

4 201 KAR 2:020. Examination.

5 RELATES TO: KRS 218A.205(7), 315.050

6 STATUTORY AUTHORITY: KRS 218A.205(8), 315.050(2), 315.191(1), (2), (4)

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 315.050(2) and 315.191(1)(c) authorize  
8 the board to promulgate administrative regulations to prescribe the time, place, method,  
9 manner, scope, and subjects of examinations. KRS 218A.205(8) requires the board to  
10 establish requirements for background checks for licensees. This administrative regulation  
11 establishes the examination and application requirements for obtaining a license to practice  
12 pharmacy in Kentucky.

13 Section 1. The examination for licensure shall include:

14 (1) The North American Pharmacist Licensure Examination (NAPLEX); and

15 (2) The Multistate Pharmacy Jurisprudence Examination (MPJE).

16 Section 2. Both the NAPLEX and the MPJE examinations are graded as pass or fail.

17 Section 3. If an applicant fails an examination described in Section 2 of this administrative  
18 regulation, the applicant may upon proper application retake the examination. An applicant is

1 limited to three (3) attempts for each examination without further board approval. An applicant  
2 is limited to a lifetime limit of five (5) attempts on each examination.

3 Section 4. If after three (3) examination attempts, the applicant has not passed, to qualify for  
4 two (2) additional attempts, the applicant shall:

5 (1) For the NAPLEX, complete a refresher course and submit to the Board of Pharmacy a  
6 certificate of completion; and

7 (2) For the MPJE, submit to the Board of Pharmacy:

8 (a) Proof of (5) five hours of ACPE or board approved continuing education in the topic of  
9 pharmacy law; or

10 (b) A certificate of completion of a refresher course.

11 Section 5. All results of examinations shall be preserved according to the Board of Pharmacy  
12 Record Retention Schedule.

13 Section 6. Prior to approval for examination, an applicant shall:

14 (1) Submit to a nation-wide criminal background investigation by means of fingerprint check by  
15 the Department of Kentucky State Police and the Federal Bureau of Investigation;

16 (2) Submit to a query to the National Practitioner Data Bank of the United States Department  
17 of Health and Human Services;

18 (3) Submit an Initial Application for Pharmacist Licensure that reports:

19 (a) Name, maiden, and other names used currently or previously;

20 (b) Address and telephone number;

21 (c) Date of birth;

22 (d) Social Security number;

23 (e) Citizenship;

24 (f) Sex;

- 1 (g) Name of pharmacy school;
- 2 (h) Intern Registration Number;
- 3 (i) Record of any conviction for any felony or misdemeanor offense;
- 4 (j) Record of any state licensing agency refusal of licensure, failure of examination, or refusal
- 5 of examination; and
- 6 (k) Certificate of moral standing.

7 (4) Submit a Certification of College Graduation completed by the Dean of the College of  
8 Pharmacy where the applicant graduated pharmacy school; and

9 (5) Submit a Certification of Intern Hours completed by the College of Pharmacy where the  
10 applicant graduated, or the State Board of Pharmacy if the hours are outside of Kentucky.

11 Section 7. Fee. An applicant shall submit the fee established by 201 KAR 2:050, Section 1(1).

12 Section 8. Incorporation by Reference.

13 (1) The following material is incorporated by reference:

14 (a) "Initial Application for Pharmacist Licensure", [~~Form 1,~~] June 2023 [~~3/2022~~]; and

15 (b) "Renewal Application for Pharmacist Licensure, June 2023

16 [~~"Certification of College Graduation", Form 2, 03/2022; and~~

17 [~~(c) "Certification of Intern Hours", Form 3, 03/2022~~].

18 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at  
19 the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes Street,  
20 Frankfort, Kentucky 40601, Monday through Friday, 8:00 a.m. to 4:30 p.m. This material is also  
21 available on the board's Web site at <https://pharmacy.ky.gov/Forms/Pages/default.aspx>.

*Christopher P. Harlow*

---

Christopher P. Harlow, Pharm.D.  
Executive Director  
Kentucky Board of Pharmacy

June 7, 2023

---

Date

## PUBLIC HEARING AND PUBLIC COMMENT PERIOD:

A public hearing on this administrative regulation shall be held on August 30, 2023, at 10:00 a.m. Eastern Time via zoom teleconference. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through August 31, 2023. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

Contact person: Christopher Harlow, Executive Director, Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky 40601, phone (502) 564-7910, fax (502) 696-3806, email [Christopher.harlow@ky.gov](mailto:Christopher.harlow@ky.gov).

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 2:020. Examination.

Contact person: Christopher Harlow, Phone 502-564-7910, email christopher.harlow@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the requirements for pharmacist licensure.

(b) The necessity of this administrative regulation: KRS 315.191(1)(a) authorizes the Board of Pharmacy to promulgate administrative regulations with minimum requirements for pharmacist licensure.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation establishes the requirements for pharmacist licensure and renewal.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation establishes criteria for pharmacist licensure to ensure public protection.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment only changes the initial application incorporated by reference and adds a renewal application for pharmacists.

(b) The necessity of the amendment to this administrative regulation: The forms need to be amended to ensure the provision regarding student loan default is removed because of a change in 2019 to state law.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 315.191(1)(a) authorizes the board to promulgate administrative regulations pertaining to pharmacists and pharmacies.

(d) How the amendment will assist in the effective administration of the statutes: The amendment will further promote, preserve, and protect public health through effective regulation of pharmacists and pharmacies by ensuring the forms comply with the provisions in the law.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The board anticipates pharmacies and pharmacists will be affected minimally by this regulation amendment.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Pharmacies and

pharmacists will have to familiarize themselves with amended language. The board will help to educate pharmacists and pharmacies in these changes.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The only fee is for the application for the license and license renewal.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The ability to practice pharmacy for pharmacists with appropriate credentials.

(5) Provide an estimate of how much it will cost to implement this administrative Regulation:

(a) Initially: No costs will be incurred.

(b) On a continuing basis: No costs will be incurred.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Board revenues from pre-existing fees provide the funding to enforce the regulation.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: This regulation does not increase fees.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish fees.

(9) TIERING: Is tiering applied? (Explain why tiering was or was not used)

Tiering is not applied because the regulation is applicable to all applicants for a pharmacist license equally.

## FISCAL NOTE

Regulation No. 201 KAR 2:020. Examination.

Contact Person: Christopher Harlow, Phone 502-564-7910

Email: Christopher.harlow@ky.gov

(1) What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The Kentucky Board of Pharmacy will be impacted by this administrative regulation.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 315.191(1)(a).

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This administrative regulation will not generate revenue for the board in the first year.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? This administrative regulation will not generate revenue for the board in subsequent years.

(c) How much will it cost to administer this program for the first year? The administration of the program is included in the administrative costs of the board.

(d) How much will it cost to administer this program for subsequent years? The same as (c).

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation. N/A

Revenues (+/-): 0

Expenditures (+/-): 0

Other Explanation: This regulation does not impact fees.

(4) Estimate the effect of this administrative regulation on the expenditures and cost savings of regulated entities for the first full year the administrative regulation is to be in effect.

(a) How much cost savings will this administrative regulation generate for the regulated entities for the first year? None

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years? None.

(c) How much will it cost the regulated entities for the first year? \$150.



(d) How much will it cost the regulated entities for subsequent years? \$125 annually.  
Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Cost Savings (+/-): 0  
Expenditures (+/-): -150  
Other Explanation:

(5) Explain whether this administrative regulation will have a major economic impact, as defined below. "Major economic impact" means an overall negative or adverse economic impact from an administrative regulation of five hundred thousand dollars (\$500,000) or more on state or local government or regulated entities, in aggregate, as determined by the promulgating administrative bodies. [KRS 13A.010(13)] This regulation does not have major economic impact.

### Summary of Material Incorporated by Reference

The “Initial Application for Pharmacist Licensure”, June 2023 is a 4-page document that is required for pharmacists to apply for licensure.

The “Renewal Application for Pharmacist Licensure”, June 2023 is a 3-page document that is required for pharmacists to renew their license.

### Summary of Changes to Material Incorporated by Reference

The renewal application is new. The initial application was changed to reflect changes in practice to include the location of non-resident worksites and where new graduates plan on working.

OPTIONAL DEMOGRAPHIC INFORMATION

Race/Ethnic Group (check one):

- Caucasian            Hispanic
- Asian                African American
- American Indian or Alaskan Native
- Other \_\_\_\_\_

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

License No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
NAPLEX Score \_\_\_\_\_  
MPJE Score \_\_\_\_\_  
(FOR OFFICE USE ONLY)

## Initial Application for Pharmacist Licensure

I hereby make application for examination by the Kentucky Board of Pharmacy for license as a Pharmacist in Kentucky subject to the provisions of the statutes and rules and regulations of the Board and being duly sworn submit the following:

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_  
Street and Number

3. \_\_\_\_\_  
City State Zip Code

4. Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Where you can be reached prior to examination)

5. E-mail Address \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ 7. Sex (check one):    Male            Female

8. Social Security No. \_\_\_\_\_ 9. Kentucky Pharmacist Intern Registration Number \_\_\_\_\_

10. Please provide the name of the College of Pharmacy you attended. \_\_\_\_\_

11. Have you ever been convicted of a misdemeanor? \_\_\_\_\_ No    \_\_\_\_\_ Yes    A felony?    \_\_\_\_\_ No    \_\_\_\_\_ Yes

If yes, give details: \_\_\_\_\_

(If additional space is needed for details, please attach separate sheet)

12. Have you ever failed or been refused an examination by any State Board of Pharmacy or other state licensing agency?  
\_\_\_\_\_ No            \_\_\_\_\_ Yes    If yes, give details:

(If additional space is needed for details, please attach separate sheet)

13. Have you ever been refused licensure by any State Board of Pharmacy or other state licensing agency?  
\_\_\_\_\_ No            \_\_\_\_\_ Yes    If yes, give details:

(If additional space is needed for details, please attach separate sheet)

14. Have you ever had a professional license, registration or certification suspended, probated, or revoked by any agency?  
\_\_\_No \_\_\_Yes If yes, give details:

(If additional space is needed for details, please attach separate sheet)

15. Where are you currently employed? If not currently employed, do you know where you will be employed upon licensure?

I certify that the statements contained in this application are true, complete, and correct, and I agree that the statements shall form the basis of my application and I do authorize the Kentucky Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information 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 units, and that I understand according to the Kentucky Revised Statutes 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 or permit.

**Signature in Full** \_\_\_\_\_

I hereby certify that the above application was signed, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Seal)

Signature \_\_\_\_\_

My commission expires \_\_\_\_\_

State of \_\_\_\_\_

**This certificate of moral character must be signed by a person of good standing in the community in which the applicant resides.**

I, \_\_\_\_\_ of \_\_\_\_\_ do say that the applicant herein named, has been personally known to me for \_\_\_\_\_ years, that my acquaintance with the applicant throughout that period has been sufficiently intimate to afford me ample opportunity to become fully informed as to the applicant's moral character and habits, that the applicant is not addicted to the use of alcoholic liquors or drugs so as to render the applicant unfit to practice Pharmacy, that the applicant is of good moral character and that I recommend the applicant, so far as character and habits are concerned, as worthy to be licensed to practice Pharmacy in Kentucky.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Occupation)

# CERTIFICATION OF COLLEGE GRADUATION

[To be executed by the Dean of the College of Pharmacy where the applicant attended Pharmacy School.]

Please make a copy of this section and submit to the Dean of the College of Pharmacy where you graduated for completion.  
Please indicate below the College of Pharmacy attended.

This is to certify that \_\_\_\_\_ was in regular attendance at  
\_\_\_\_\_ and that a certificate of graduation with the degree \_\_\_\_\_  
was conferred on \_\_\_\_\_.

**(SEAL)**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

# CERTIFICATION OF INTERN HOURS

Please make a copy of this section and submit to the appropriate person[s] of the College of Pharmacy where you graduated or the State Board of Pharmacy if hours are outside of Kentucky for completion.

If certifying agency is the College of Pharmacy, please complete section A.

[A] This is to certify that \_\_\_\_\_ was in regular attendance

at \_\_\_\_\_ and that \_\_\_\_\_ hours were accrued during rotations.

If certifying agency is a State Board of Pharmacy, please complete section B.

[B] This is to certify that \_\_\_\_\_ while an intern with the

\_\_\_\_\_ earned \_\_\_\_\_ hours.

**(SEAL)**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

The Kentucky Board of Pharmacy does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and provides, upon request, reasonable accommodation, including auxiliary aids and services, necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. Contact the Board for assistance.

**OPTIONAL DEMOGRAPHIC INFORMATION**

Race/Ethnic Group (check one):

- Caucasian            Hispanic
- Asian                African American
- American Indian or Alaskan Native
- Other \_\_\_\_\_

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

License No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
NAPLEX Score \_\_\_\_\_  
MPJE Score \_\_\_\_\_  
(FOR OFFICE USE ONLY)

## Initial Application for Pharmacist Licensure

I hereby make application for examination by the Kentucky Board of Pharmacy for license as a Pharmacist in Kentucky subject to the provisions of the statutes and rules and regulations of the Board and being duly sworn submit the following:

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_  
Street and Number

3. \_\_\_\_\_  
City State Zip Code

4. Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ 5. E-mail Address \_\_\_\_\_  
(Where you can be reached prior to examination)

6. Date of Birth \_\_\_\_\_ 7. Sex (check one): Male Female

8. Social Security No. \_\_\_\_\_ 9. Kentucky Pharmacist Intern Registration Number \_\_\_\_\_

10. Please provide the name of the College of Pharmacy you attended. \_\_\_\_\_

11. Have you ever been convicted of a misdemeanor? \_\_\_\_\_ No \_\_\_\_\_ Yes A felony? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, give details: \_\_\_\_\_

(If additional space is needed for details, please attach separate sheet)

12. Have you ever failed or been refused an examination by any State Board of Pharmacy or other state licensing agency?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, give details:

(If additional space is needed for details, please attach separate sheet)

13. Have you ever been refused licensure by any State Board of Pharmacy or other state licensing agency?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, give details:

(If additional space is needed for details, please attach separate sheet)

14. Have you ever had a ~~professional license, registration or certification~~ ~~Certification of Registration as a Pharmacist~~ suspended, probated, or revoked by any ~~agency~~ ~~State Board of Pharmacy~~? \_\_\_\_\_ No \_\_\_ Yes If yes, give details:

(If additional space is needed for details, please attach separate sheet)

15. Where are you currently employed? If not currently employed, do you know where you will be employed upon licensure?

I certify that the statements contained in this application are true, complete, and correct, and I agree that the statements shall form the basis of my application and I do authorize the Kentucky Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information 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 units, and that I understand according to the Kentucky Revised Statutes 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 or permit.

**Signature in Full** \_\_\_\_\_

I hereby certify that the above application was signed, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Seal)

Signature \_\_\_\_\_

My commission expires \_\_\_\_\_

State of \_\_\_\_\_

**This certificate of moral character must be signed by a person of good standing in the community in which the applicant resides.**

I, \_\_\_\_\_ of \_\_\_\_\_ do say that the applicant herein named, has been personally known to me for \_\_\_\_\_ years, that my acquaintance with the applicant throughout that period has been sufficiently intimate to afford me ample opportunity to become fully informed as to the applicant's moral character and habits, that the applicant is not addicted to the use of alcoholic liquors or drugs so as to render the applicant unfit to practice Pharmacy, that the applicant is of good moral character and that I recommend the applicant, so far as character and habits are concerned, as worthy to be licensed to practice Pharmacy in Kentucky.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Occupation)



# CERTIFICATION OF COLLEGE GRADUATION

[To be executed by the Dean of the College of Pharmacy where the applicant attended Pharmacy School.]

Please make a copy of this section and submit to the Dean of the College of Pharmacy where you graduated for completion.  
Please indicate below the College of Pharmacy attended.

This is to certify that \_\_\_\_\_ was in regular attendance at  
\_\_\_\_\_ and that a certificate of graduation with the degree \_\_\_\_\_  
was conferred on \_\_\_\_\_.

**(SEAL)**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

# CERTIFICATION OF INTERN HOURS

Please make a copy of this section and submit to the appropriate person[s] of the College of Pharmacy where you graduated or the State Board of Pharmacy if hours are outside of Kentucky for completion.

If certifying agency is the College of Pharmacy, please complete section A.

[A] This is to certify that \_\_\_\_\_ was in regular attendance

at \_\_\_\_\_ and that \_\_\_\_\_ hours were accrued during rotations.

If certifying agency is a State Board of Pharmacy, please complete section B.

[B] This is to certify that \_\_\_\_\_ while an intern with the

\_\_\_\_\_ earned \_\_\_\_\_ hours.

**(SEAL)**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

The Kentucky Board of Pharmacy does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and provides, upon request, reasonable accommodation, including auxiliary aids and services, necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. Contact the Board for assistance.



## 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 28<sup>th</sup>.  
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. All CE must be ACPE accredited, or Kentucky Board of Pharmacy approved per 201 KAR 2:015.*

- 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. Do you work in a pharmacy with a DEA license that services Kentucky patients [human]? KRS 218A.202(2)  
 YES, attach KASPER Certification  NO
- F. Do you have a CPE Monitor e-Profile ID Number? Your eprofile must list your Kentucky license. \_\_\_\_\_ YES, please provide  NO

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). By signing below, you are attesting to the accuracy of the information 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.