BOARDS AND COMMISSIONS

Kentucky Board of Pharmacy

(Amendment)

201 KAR 2:030. License transfer.

RELATES TO: KRS 315.191(1)(c), (d), 315.210

STATUTORY AUTHORITY: KRS 218A.205(7), 315.191(1)(a), (c), (d), 315.210

NECESSITY, FUNCTION, AND CONFORMITY: KRS 315.210 authorizes the board to
establish conditions for licensure by reciprocity. KRS 218A.205(7) requires the board to
establish requirements for background checks for licensees. This administrative
regulation establishes conditions, forms, and examination requirements for licensure by
reciprocity.

Section 1. Definitions. (1) "Board" is defined by KRS 315.010(3).

(2) "License transfer" means a license to practice pharmacy in Kentucky issued by the
board to a pharmacist licensed in another jurisdiction.

(3) "NABP" means the National Association of Boards of Pharmacy.

Section 2. An applicant licensed in another jurisdiction shall be eligible for license
transfer, if the:

(1) Requirements for licensure of the jurisdiction that granted his or her license met or
exceeded Kentucky requirements for licensure when the license in the other jurisdiction
was granted;

(2) Applicant holds in good standing, an active license to practice pharmacy;
(3) Applicant has:

(a) Completed and certified the NABP Preliminary Application for Transfer of Pharmacist License form; and

(b) Received an NABP Official Application for Transfer of Pharmacist License;

(4) Applicant is currently in good standing in the jurisdiction from which he or she has applied;

(5) Applicant has successfully completed an examination in jurisprudence;

(6) Applicant has submitted to a nation-wide criminal background investigation by means of fingerprint check by the Department of Kentucky State Police and the Federal Bureau of Investigation; and

(7) Applicant has submitted to a query to the National Practitioner Data Bank of the United States Department of Health and Human Services.

Section 3. Required Information. An applicant shall provide the information required by the NABP Preliminary Application for Transfer of Pharmacist License form, including:

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

(2) Address, telephone number;

(3) Date and place of birth, and current age;

(4) Social Security number;

(5) Citizenship;

(6) Sex Gender;

(7) State of original license by examination, including:

(a) License number;

(b) Original date of issue;
(c) Current status of original licensure; and

(d) State for which license transfer is requested;

(8) Pharmacy education, including:

(a) Name and location of pharmacy school;

(b) Name of pharmacy degree;

(c) Date degree was received; and

(d) Other professional degrees, including the information specified by paragraphs (a) to

(c) of this subsection;

(9) Whether the applicant has earned certification by the Foreign Pharmacy Graduate

Examination Committee, and, if so, the examination equivalency number assigned;

(10) Total hours of practical experience as an intern prior to licensure as a pharmacist;

including the State Board of Pharmacy with which the hours are filed;

(11) States, dates, and results of pharmacist licensure examinations;

(12) Pharmacist licenses currently held, including issue date, expiration date, status and

any board action taken against the license; obtained by;

(a) Score transfer; and

(b) Licensure transfer;

(13) Practice and employment, including nonpharmacist employment, from the past

three years initial licensure to the date of filing the application; and

(14) Record of charges, or convictions of any felony or misdemeanor offense, other than

traffic offenses, and whether or not a sentence was imposed or suspended, and fines

imposed, or certification that the applicant has not been convicted, fined, or disciplined,

or had a license revoked.
(15) Record of any surrender of a pharmacist license or registration issued by the federal government or any state controlled substance authority;

(16) Record of any pharmacist license revocation, suspension, restriction, termination or other disciplinary action by any Board of Pharmacy or other state authority;

(17) Record of whether the pharmacist is currently under investigation or subject to disciplinary action by the licensing jurisdiction, federal Food and Drug Administration, federal Drug Enforcement Administration or any state drug enforcement authority for the violation of any state or federal pharmacy, liquor or drug laws;

(18) Record of any condition or impairment including, but not limited to, substance or alcohol abuse or dependency that in any way affects the pharmacist’s ability to practice pharmacy in a safe and competent manner; and

(19) Record of any application for initial licensure, renewal licensure or licensure by transfer that was denied by any licensing authority, whether in pharmacy or any other profession.

Section 4. The board shall accept a license transfer applications from a jurisdictions that:

(1) Are an active member of the NABP; and

(2) Grants license transfers to a pharmacists pursuant to conditions and requirements that are the equivalent of conditions and requirements established by the board.

Section 5. An applicant shall take and pass the Multistate Pharmacy Jurisprudence Examination administered by the NABP.

Section 6. Fee. An applicant shall include the fees specified by 201 KAR 2:050, Section 1(2), and (19) (29).
Section 7. (1) "NABP Preliminary Application for Transfer of Pharmacist License", 3/06

April 2018, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright
law at the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125
Holmes Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m
or on the website at https://pharmacy.ky.gov/professionals/Pages/Reciprocal-
Information.aspx
LARRY A. HADLEY, R.Ph.
Executive Director
Kentucky Board of Pharmacy

September 15, 2021
DATE
PUBLI C HEARING AND PUBLIC COMMENT PERIOD:

A public hearing on this administrative regulation shall be held on November 30, 2021 at 9:00 a.m. Eastern Time via telephonic videoconference with a physical location of the Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky 40601. 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 November 30, 2021. 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: Larry Hadley, 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 Larry.Hadley@ky.gov.
REGULATORY IMPACT ANALYSIS
AND TIERING STATEMENT

201 KAR 2:030, License Transfer
Contact person: Larry Hadley
Contact Phone No.: 502-564-7910
Contact email: larry.hadley@ky.gov

1. Provide a brief summary of:
   a. What this administrative regulation does:
      • This administrative regulation establishes the criteria for transferring a pharmacy license from another state into Kentucky.
   b. The necessity of this administrative regulation:
      • KRS 315.191(1)(a) authorizes the Board of Pharmacy to promulgate administrative regulations. Moreover, KRS 315.210 authorizes the Board of Pharmacy to promulgate regulations setting forth the criteria for license transfer.
   c. How this administrative regulation conforms to the content of the authorizing statutes:
      • This regulation sets forth the detailed criteria and process for those seeking pharmacist license transfer from another state into the Commonwealth of Kentucky.
   d. How this administrative regulation currently assists or will assist in the effective administration of the statutes:
      • This administrative regulation provides the criteria that the statute requests be provided in regulation.

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:
      • The amendment updates the application criteria to ensure congruence with the National Association of Boards of Pharmacy license transfer application.
   b. The necessity of the amendment to this administrative regulation:
      • The National Association of Boards of Pharmacy license transfer process had been amended, and this regulatory amendment is to reflect those changes.
   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.

3. List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:
   - The board anticipates licensees will be minimally affected. This amendment simply sets forth changes in criteria for license transfer.

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 of these changes.
   b. In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3):
      - There are no expected costs for the entities identified to comply with the amendment.
   c. As a result of compliance, what benefits will accrue to the entities identified in question (3):
      - This amendment amends the criteria for license transfer, making it possible to transfer one's pharmacist license from one state into another.

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 for the implementation of 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:
   - No increase in fees or funding will be required because of this amendment.
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 or directly or indirectly increase any 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 pharmacists that desire license transfer into the Commonwealth of Kentucky.
FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Regulation No. 201 KAR 2:030, License Transfer
Contact Person: Larry Hadley
Contact Phone No.: 502-564-7910
Contact email: larry.hadley@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 the only entity 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 315.210, 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?
      - No costs are required to administer this program for the first year.
   d. How much will it cost to administer this program for subsequent years?
      - No costs are required to administer this program for subsequent years.

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
SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

The "NABP Preliminary Application for Transfer of Pharmacist License ", Form April 2018, is the National Association of Boards of Pharmacy form that pharmacists utilize when applying for license transfer to the Kentucky Board of Pharmacy.

SUMMARY OF CHANGES TO MATERIAL INCORPORATED BY REFERENCE

Changes were made to the application from the prior version, including more robust questions that need to be answered regarding the applicant's past criminal charges and convictions and any prior discipline, suspension or revocation of their pharmacist license in another state.
**APPLICANT DETAILS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-Profile ID:</td>
<td>Customer ID:</td>
</tr>
<tr>
<td>Name:</td>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Maiden and/or Other Name(s):</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Sex:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Citizenship:</td>
</tr>
<tr>
<td>SSN:</td>
<td></td>
</tr>
</tbody>
</table>

**PHARMACY EDUCATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name/Location of First Pharmacy School:</td>
<td>Name/Location of Additional Pharmacy School:</td>
</tr>
<tr>
<td>Graduation Date:</td>
<td>Graduation Date:</td>
</tr>
<tr>
<td>Degree Received:</td>
<td>Pharmacy Degree Received:</td>
</tr>
<tr>
<td>Intern Hours:</td>
<td></td>
</tr>
</tbody>
</table>

**EE Number:**

**FPGECE Certified:**

**FPGECE Certification Date:**

**PHARMACY EXAM INFORMATION**

<table>
<thead>
<tr>
<th>State</th>
<th>Date of Exam</th>
<th>NAPLEX Result</th>
<th>Integrated NAPLEX Result</th>
<th>Chemistry Result</th>
<th>Mathematics Result</th>
<th>Pharmacology Result</th>
<th>Pharmacy Result</th>
<th>Practice of Pharmacy Result</th>
</tr>
</thead>
</table>

**MPJE:**

**EMPLOYMENT HISTORY**

<table>
<thead>
<tr>
<th>Last Three Years of Employment</th>
<th>Name of Employer</th>
<th>Address</th>
<th>Job Title</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
</table>

**Page 1 of 2 - Application Version 1 - Created on:**
### PHARMACIST'S LICENSES

<table>
<thead>
<tr>
<th>State</th>
<th>License Number</th>
<th>Exam Name</th>
<th>Obtained By</th>
<th>Issue Date</th>
<th>Expiration Date</th>
<th>Board Action</th>
<th>License Status</th>
</tr>
</thead>
</table>

### DISCLOSURES

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever voluntarily surrendered your pharmacist license or any pharmacist registration issued by a federal or state controlled substance authority? If yes, provide details.</td>
<td></td>
</tr>
<tr>
<td>2. Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority? If yes, provide details.</td>
<td></td>
</tr>
<tr>
<td>3. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws? If yes, provide details.</td>
<td></td>
</tr>
<tr>
<td>4. Have you ever been charged or convicted (including a not guilty plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense? If yes, provide details.</td>
<td></td>
</tr>
<tr>
<td>5. Do you currently have any condition or impairment including, but not limited to, substance or alcohol abuse or dependency, that in any way affects your ability to practice pharmacy in a safe and competent manner? If yes, provide details.</td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had any application for initial licensure, renewal licensure, or licensure by transfer denied by any licensing authority whether in pharmacy or any other profession? If yes, provide details.</td>
<td></td>
</tr>
</tbody>
</table>

The National Association of Board of Pharmacy (NABP) hereby certifies that information submitted in this application has been verified under verification procedures established by NABP through the Disciplinary Clearinghouse maintained by NABP, including license and disciplinary information, which is verified through the appropriate state board of pharmacy or Regulatory agency.

\[Signature\]

Lemrey "AI" Carter, Executive Director/Secretary