

OPTIONAL DEMOGRAPHIC INFORMATION
Race/Ethnic Group (check one):

Caucasian
Hispanic
Asian
American Indian or Alaskan Native
African American
Other _____

Kentucky Board of Pharmacy
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort, KY 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

This application and fee of \$150 must be in the Board Office before taking the NAPLEX or MPJE. Answer all questions in full and print legibly. **Please make checks payable to the 'Kentucky State Treasurer'.**

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 Number _____

9. Kentucky Pharmacist Intern Registration Number (if applicable) _____

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? _____ 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? _____ No _____ Yes

If yes, give details: _____

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

14. Have you ever had a Certification of Registration as a Pharmacist suspended, probated, or revoked by any State Board of Pharmacy? _____ No _____ Yes

If yes, give details: _____

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

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.

(Signature)

(SEAL)

(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.

Reference Only - Submit Application Online

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

- | |
|---|
| <ul style="list-style-type: none">• You must attach a copy of your Foreign Pharmacy Graduate Examination Committee certificate [FPGEC].• 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. |
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***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).

Form 9-2019

(Date)

(Signature)

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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 _____

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

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- **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.