

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

INACTIVE PHARMACIST LICENSE APPLICATION/RENEWAL

Please print legibly. Enclose check or money order made payable to 'Kentucky State Treasurer' for the amount of \$10.00. Return the completed application to the Kentucky Board of Pharmacy no later than February 28th.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.

Name _____ RPh License No _____

Sex (check one): Male Female

Street _____ Home Phone _____

City _____ County _____ State _____ Zip _____

E-mail Address _____ Birthdate _____ Social Security Number XXX-XX-_____

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
- D. Do you maintain an active license to practice in another state or jurisdiction? Pharmacists maintaining an active license to practice in another state or jurisdiction are ineligible for inactive status in Kentucky pursuant to 201 KAR 2:160, Section 2. _____ YES _____ NO

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 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).

DATE

SIGNATURE

- 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.

OPTIONAL DEMOGRAPHIC INFORMATION

Race/Ethnic Group (check one):

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

YEAR OF PHARMACY SCHOOL GRADUATION _____