



MISSOURI TEMPORARY PHARMACIST LICENSE (POST-GRADUATE TRAINING) APPLICATION & INSTRUCTIONS

IMPORTANT INFORMATION

- Complete this application only if you are currently licensed as a pharmacist in another state and will be completing a post-graduate training program in Missouri. This application is only required if you are a non-Missouri pharmacist seeking to complete post-graduate training in Missouri. See rule 20 CSR 2220-7.070 for additional information on temporary pharmacist licensure.
- A temporary pharmacist may only practice at the location(s) identified on this Application. Any change in practice location or supervising pharmacist must be reported to and approved by the Board prior to commencing or continuing training.
- A temporary pharmacist license expires on the program end date identified on the Application, which should be the end date of the applicant's Missouri-based training program.

SUBMITTING YOUR TEMPORARY PHARMACIST APPLICATION

The following items must be submitted to complete this application:

- **Completed Temporary Pharmacist License Application.**
- **Fee of \$100.00** made payable to the Missouri Board of Pharmacy. The fee may be a money order, cashier's check or personal check. All fees are deposited upon receipt, and are non-refundable. Deposit of the fee does not mean your application has been accepted or approved.
- **Pharmacist License Verification Affidavit:** A Pharmacist License Verification Affidavit form must be completed and sealed by the board of pharmacy in the applicant's home state.
- **A 2" X 2" head and shoulders photo** of the applicant. Photos must be attached to the Application in the photo box provided.
- **Protocol:** A copy of the governing protocol must be included which outlines the applicant's prospective duties. The protocol must define and include:
 1. The type of practice to be performed;
 2. A specific job description of professional duties and functions to be completed; and
 3. A list of all locations where professional services will occur.
- **Mail Application To:** Missouri Board of Pharmacy, PO Box 625, Jefferson City, MO 65102.

Allow three (3) weeks for processing your application. If additional information is required, you will be notified in writing. Incomplete applications or failure to completely/accurately disclose criminal history information will result in additional delay and may require additional review by the Board.

If your application is approved, a temporary pharmacist license will be issued and your license number and status will be available on the Board's website. Your license will be mailed to the applicant address listed on your application. Please allow 3-5 days for mailing.

QUESTIONS

Questions regarding this Temporary Pharmacist Application may be addressed to:

- E-Mail: pharmacist@pr.mo.gov
- Phone: (573) 751-0092
- Fax: (573) 526-3464



Missouri Temporary Pharmacist License Application

MISSOURI TEMPORARY PHARMACIST LICENSE (POST-GRADUATE TRAINING)

<p>ATTACH 2" X 2" PHOTO HERE</p> <p><i>Head & Shoulders Only</i></p>	<p>STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY</p>	<p>MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102</p>	FOR OFFICE USE ONLY
			TEMP LICENSE #
			ISSUE DATE
			EXPIRATION DATE
			DISAPPROVED
		RECEIVED DATE	
<p>OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109</p>			
<p>- SEE INSTRUCTIONS FOR COMPLETION OF THIS FORM - APPLICATION FEE: \$100 - KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS - QUESTIONS: E-MAIL: pharmacist@pr.mo.gov or call (573) 751-0092</p>			

APPLICANT INFORMATION				
APPLICANT NAME (LAST)	(FIRST)	(MIDDLE)	(MAIDEN)	SOCIAL SECURITY NUMBER
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	
DATE OF BIRTH (MM/DD/YYYY)	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	CONTACT TELEPHONE NUMBER	
EMAIL ADDRESS				
STATE WHERE APPLICANT IS LICENSED AS A PHARMACIST	PHARMACIST LICENSE #	DATE ISSUED		
<p>*** To complete this application, a Pharmacist License Verification Affidavit form must be completed and sealed by the appropriate state agency that regulates and licenses pharmacists in the applicant's home state (see attached form).***</p>				

POST-GRADUATE PROGRAM INFORMATION		
NAME OF POST-GRADUATE PROGRAM SITE	PROGRAM START DATE (MM/DD/YYYY)	PROGRAM END DATE (MM/DD/YYYY)
SITE ADDRESS (STREET)	(CITY)	(STATE) (ZIP)

SUPERVISING PHARMACIST (Must hold an active Missouri pharmacist license)	
SUPERVISING PHARMACIST NAME	MISSOURI PHARMACIST LICENSE NUMBER

LIST ALL LOCATIONS WHERE PROFESSIONAL SERVICES WILL OCCUR (Provide pharmacy permit number if a licensed pharmacy. Attach additional sheets, if necessary.)		
Name	Address (Street, City State, Zip Code)	License # (if applicable)
Name	Address (Street, City State, Zip Code)	License # (if applicable)
Name	Address (Street, City State, Zip Code)	License # (if applicable)

Protocol: A copy of the governing protocol must be attached to this Application which outlines the applicant's prospective duties. The protocol must define and include:

1. The type of practice to be performed
2. A specific job description of professional duties and functions to be completed; and
3. A list of all locations where professional services will occur.



Missouri Temporary Pharmacist License Application

CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS AND STATUS

Answer all questions in this section. If you answer "yes" to any question, a detailed written explanation must be included with your application (*attach additional sheets if necessary*). Failure to include an explanation or to answer all of the questions will result in your application being rejected. If you are in doubt, answer "yes" and provide an explanation.

- a. **SUSPENDED IMPOSITION OF SENTENCE/SUSPENDED EXECUTION OF SENTENCE:** You are required to answer "yes" to the criminal history questions and to provide an explanation even if you have received a Suspended Imposition of Sentence ("SIS") or Suspended Execution of Sentence ("SES"). An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. You must answer "yes" even if you received an SIS or an SES.
- b. If you answer "yes" to any of the criminal history questions, you must provide certified court documents that show the dates, charges and dispositions of your arrests/convictions. Typically, this would include copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case. Documents **MUST** be certified by the court.
- c. If you've had a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate, denied or disciplined in this state or in any other state or country, provide an explanation and a copy of any related official documents, settlement agreements or disciplinary documents.
- d. *338.185 RSMo provides: "After August 28, 1990, notwithstanding any other provisions of law, the board of pharmacy shall have access to records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed."*

1. Do you have any felony or misdemeanor criminal charges pending against you in Missouri or in any other state, country or court (including federal court)? YES NO
2. Have you ever been found guilty or entered a plea of guilty or nolo contendere to a felony or misdemeanor in Missouri or in any other state, country or court (including federal court)? YES NO
3. Have you received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri or in any other state, country or court (including federal court)? YES NO
4. Are you now charged or have you ever been found guilty of or entered a plea of guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol in any state, country or court (including a municipal court) whether or not sentence was imposed or a suspended imposition of sentence (SIS) was received? (i.e., DUI, DWI, etc.) YES NO
5. Have you ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate denied in this state, or any other state or country? (*If yes, copies of any denial documents must be provided*) YES NO
6. Have you ever had a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate disciplined in this state or in any other state or country? (*If yes, copies of any disciplinary documents must be provided*) YES NO
7. Have you ever voluntarily surrendered a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate in lieu of discipline or while a complaint/investigation was pending? YES NO
8. Have you ever violated the drug laws or rules and regulations of Missouri, the United States or any other state or country? YES NO
9. Have you ever been adjudged insane or incompetent by or in any state, court or country? YES NO
10. Have you used, or are you now using any drugs, controlled substances or alcoholic beverages to an extent that such use impaired or may impair your ability to perform the work of a pharmacist? YES NO
11. Have you ever been, or are you now, addicted to any drugs, controlled substances or alcoholic beverages? YES NO



Missouri Temporary Pharmacist License Application

TAX COMPLIANCE

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The following tax information must be provided:

Pursuant to Section 324.010, RSMo:

- Were you a Missouri resident in any of the last 3 years? YES NO
- Did you have any Missouri income in any of the last 3 years? YES NO
- Were you subject to Missouri income tax in any of the last 3 years? YES NO

**All questions must be completed. False statements are subject to criminal penalties and/or license discipline.
For tax questions, contact the Department of Revenue at (573) 751-7200 or e-mail income@dor.mo.gov.**

APPLICANT AFFIDAVIT

I have personally completed the foregoing application truthfully and completely. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I hereby certify under the penalty of perjury that the above statements, as well as all information provided here, are true and accurate.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY		SIGNATURE OF APPLICANT	
DATE		PRINT NAME	
NOTARY PUBLIC EMBOSSEMENT OR BLACK INK RUBBER SEAL STAMP	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

SUPERVISOR AFFIDAVIT

I hereby attest that I am licensed in the State of Missouri as a pharmacist and presently hold an active license that is not under discipline with the Board. I hereby agree to provide general supervision as described in 20 CSR 2220-7.070(3) during my tenure as a supervising pharmacist for the applicant listed above, ensuring that the applicant is practicing in compliance with Missouri law. I also agree to be available for consultation with the applicant whenever necessary. All the information contained in this application and any attachments are true and correct to my best knowledge and belief. I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I hereby certify under the penalty of perjury that the above statements, as well as all information provided here, are true and accurate.

SIGNATURE OF SUPERVISING PHARMACIST	
PRINT NAME	DATE



Missouri Temporary Pharmacist License Application

MISSOURI BOARD OF PHARMACY TEMPORARY PHARMACIST VERIFICATION AFFIDAVIT

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102 OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	<small>FOR OFFICE USE ONLY</small>
		RECEIVED DATE
<ul style="list-style-type: none"> - FORWARD THIS FORM TO THE LICENSING AGENCY FOR THE STATE IN WHICH YOU ARE LICENSED. CHECK WITH THAT STATE TO VERIFY FEES CHARGED. - DO NOT RETURN THIS FORM TO THE MISSOURI BOARD OF PHARMACY UNLESS IT HAS BEEN COMPLETED BY THE STATE WHERE YOU ARE LICENSED. - ORIGINALS ARE REQUIRED WITH BOARD SEAL – COPIES WILL NOT BE ACCEPTED - QUESTIONS: E-MAIL: pharmacist@pr.mo.gov or call (573) 751-0092 		

APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)			
APPLICANT NAME (LAST)	(FIRST)	(MIDDLE)	(MAIDEN)
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	CONTACT TELEPHONE NUMBER	
EMAIL ADDRESS			
STATE WHERE APPLICANT IS LICENSED AS A PHARMACIST		PHARMACIST LICENSE #	
I HEREBY AUTHORIZE THE _____ BOARD OF PHARMACY (STATE TO WHICH SENDING FORM) TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.			
SIGNATURE OF APPLICANT		DATE	
PRINT NAME			

DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY ONLY			
LICENSE NUMBER	LICENSE STATUS	DATE ISSUED	DATE LICENSE EXPIRES
HAS THE LICENSEE BEEN DISCIPLINED IN ANY WAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DISCIPLINE <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> PROBATION <input type="checkbox"/> CENSURED <input type="checkbox"/> LIMITED <input type="checkbox"/> RESTRICTED <input type="checkbox"/> SURRENDERED <input type="checkbox"/> OTHER		
IF YES, ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS			
BOARD SEAL AREA (AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)		RETURN COMPLETED FORM TO: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 665102	
SIGNATURE OF LICENSING AGENCY OFFICIAL	TITLE	STATE	DATE