



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
INDIVIDUAL LICENSEE REPORT OF DISCIPLINE COMPLIANCE

MAILING ADDRESS:
 MISSOURI BOARD OF PHARMACY
 P.O. BOX 625
 JEFFERSON CITY, MO 65102
 (573) 751-9056
 (573) 526-3464 (FAX)
 E-MAIL: COMPLIANCE@PR.MO.GOV
DELIVERY ADDRESS:
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109

I. ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY

NAME	LICENSE NO.	DATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
HAS YOUR ADDRESS CHANGED SINCE YOUR LAST COMPLIANCE REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: IF ADDRESS HAS CHANGED, PLEASE SUBMIT AN INDIVIDUAL ADDRESS, NAME AND EMPLOYMENT CHANGE ON THE BOARD'S WEBSITE, WWW.PR.MO.GOV/PHARMACISTS.		
E-MAIL ADDRESS	CURRENT TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
MISSOURI LICENSE STATUS IS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXPIRED	IF "EXPIRED," DATE LICENSE EXPIRED	

II. CURRENT EMPLOYMENT (If employed at more than one location, please provide the following employment information on additional sheets.)

EMPLOYED BY	PERMIT NO (IF APPLICABLE)
EMPLOYMENT ADDRESS	
EMPLOYMENT TELEPHONE NUMBER	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
HAS YOUR PLACE OF EMPLOYMENT CHANGED SINCE YOUR LAST COMPLIANCE REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: IF YOUR EMPLOYMENT HAS CHANGED, PLEASE SUBMIT AN INDIVIDUAL ADDRESS, NAME AND EMPLOYMENT CHANGE ON THE BOARD'S WEBSITE, WWW.PR.MO.GOV/PHARMACISTS.	
SUPERVISOR'S NAME	SUPERVISOR'S TITLE
SUPERVISOR'S ADDRESS	SUPERVISOR'S TELEPHONE NUMBER
EMPLOYMENT DUTIES (PROVIDE TYPE OF PHARMACY PRACTICE, JOB TITLE, DESCRIPTION OF JOB DUTIES)	

III. DISCIPLINE DISCLOSURE

DATES OF MISSOURI DISCIPLINE
 SUSPENSION _____ TO _____ PROBATION _____ TO _____
 CONDITIONAL REGISTRATION _____ TO _____

I HAVE PROVIDED THE ABOVE NAMED SUPERVISOR A COPY OF MY DISCIPLINARY ORDER/AGREEMENT.
 YES NO

HAVE YOU REVIEWED YOUR DISCIPLINARY ORDER/AGREEMENT IN THE LAST SIX (6) MONTHS?
 YES NO

I HAVE DONE THE FOLLOWING TO COMPLY WITH EACH REQUIREMENT OF MY DISCIPLINARY ORDER/SETTLEMENT AGREEMENT. (ATTACH SEPARATE SHEET IF NECESSARY)

V. ALCOHOL/DRUG TREATMENT PROGRAM

IS AN ALCOHOL/DRUG TREATMENT PROGRAM A REQUIREMENT OF YOUR DISCIPLINE? IF NO, GO TO SECTION VI.

YES NO

WHAT IS THE NAME OF YOUR COUNSELOR(S)?

WHAT ARE THE DATES YOU MET WITH YOUR COUNSELOR(S) SINCE YOUR LAST REPORT?

IF REQUIRED BY YOUR ORDER/AGREEMENT, ATTACH PROOF OF SUPPORT GROUP MEETING ATTENDANCE SINCE YOUR LAST COMPLIANCE REPORT. PROVIDE INFORMATION ABOUT THE STATUS OF YOUR REHABILITATION.

VI. MENTAL HEALTH TREATMENT PROGRAM

IS A MENTAL HEALTH TREATMENT PROGRAM A REQUIREMENT OF YOUR DISCIPLINE? IF NO, GO TO SECTION VII.

YES NO

WHAT IS THE NAME OF YOUR COUNSELOR(S)?

WHAT ARE THE DATES YOU MET WITH YOUR COUNSELOR(S) SINCE YOUR LAST REPORT?

IF REQUIRED BY YOUR ORDER/AGREEMENT, ATTACH PROOF OF SUPPORT GROUP MEETING ATTENDANCE SINCE YOUR LAST COMPLIANCE REPORT. PROVIDE INFORMATION ABOUT THE STATUS OF YOUR REHABILITATION.

VII. CHARGES, CONVICTIONS, DISCIPLINARY ACTION AND STATUS

SINCE YOUR LAST COMPLIANCE REPORT:

1. Have you been charged in any criminal prosecution (felony or misdemeanor), or have you been adjudicated guilty or entered a plea of guilty or nolo contendere (felony or misdemeanor), in any criminal prosecution in Missouri, in any other state, or in a United States court:
 - (a) for any offense relating to drugs, narcotics, controlled substances or alcohol, whether or not sentence was imposed? Yes No
 - (b) for any offense involving the practice of pharmacy, or relating to acts committed within a pharmacy or drug distributor setting or incident to pharmacy practice, whether or not sentence was imposed? Yes No
 - (c) for any offense involving fraud, dishonesty, or an act of violence (for example, Medicaid fraud, theft of money or drugs, or robbery), whether or not sentence was imposed? Yes No
 - (d) for any offense involving moral turpitude whether or not sentence was imposed (if you are unsure, mark "yes")? Yes No
2. Have you received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri, in any other state, or in a United States court:
 - (a) for any offense relating to drugs, narcotics, controlled substances or alcohol, whether or not sentence was imposed? Yes No
 - (b) for any offense involving the practice of pharmacy, or relating to acts committed within a pharmacy or drug distributor setting or incident to pharmacy practice, whether or not sentence was imposed? Yes No
 - (c) for any offense involving fraud, dishonesty, or an act of violence (for example, Medicaid fraud, theft of money or drugs, or robbery), whether or not sentence was imposed? Yes No
 - (d) for any offense involving moral turpitude whether or not sentence was imposed (if you are unsure, mark "yes")? Yes No
3. Have you:
 - (a) had an application for a pharmacist, pharmacy intern, pharmacy technician, or other healthcare registration, license, permit, or certificate denied or refused in this state, or any other state or country? Yes No
 - (b) had disciplinary action taken against you, a pharmacy or drug distributor facility you owned, or a pharmacy or drug distributor facility where you were employed, by a pharmacy board or authority, or other healthcare licensing board or authority, or other healthcare licensing board or authority in this state, or any other state or country? Yes No
 - (c) violated the drug laws or rules and regulations of this state, or any other state or country, or the United States? Yes No
4. Have you been adjudged insane or incompetent by a court in this, or any other state or country?
5. Have you:
 - (a) 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/intern/technician? Yes No
 - (b) been, or are you now, addicted to any drugs, controlled substances or alcoholic beverages? Yes No

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE ATTACH DOCUMENTATION AND/OR COURT DOCUMENTS.

By my signature below, I hereby attest that I have completed knowingly, truthfully and completely, without omissions the foregoing report of compliance. I understand that I must comply with all federal and state laws and regulations. All the information contained in the report and any attachments hereto are true and correct to my best knowledge and belief. I understand that any false statement or material omission may result in discipline or further penalty under state law. I hereby certify under the penalty of perjury that the above statement, as well as all information provided herein are true and correct.

LICENSEE'S SIGNATURE

DATE

PRINT NAME