

OUT OF STATE MANAGER-IN-CHARGE CHANGE INSTRUCTION SHEET

PLEASE READ THIS SHEET CAREFULLY TO ENSURE THE APPLICATION IS PROPERLY COMPLETED.

If **ANY** of the items are incomplete or not provided, **your application WILL NOT be processed until those items are completed/provided.**

Pursuant to 20 CSR 2220-5.030(2), a manager-in-charge (MIC) must be physically present and actively involved in the daily operation of the facility where he/she serves as manager-in-charge, and must meet the requirement of two (2) years education and/or experience to qualify to be MIC. Effective 4/30/07, an individual may not serve as MIC at more than one drug distributor location.

General Instructions For Completing The Manager-in-Charge Change Process

- Complete the application (2 pages) in blue ink or type.
- Answer all questions on page 2 regarding action taken on the Manager-In-Charge. If any question is answered “yes”, a notarized explanation must be attached and court documents attached.
Court Documents Examples: (The court documents MUST BE CERTIFIED by the court.): Certified official court document(s) relative to your criminal record, showing the date(s) and circumstance(s) surrounding your arrest(s)/conviction(s), sections of the law violated, and disposition of the case. This would normally consist of the Complaint or Indictment, the Judgment & Sentence, Docket Sheet or other documents showing disposition of case.
- Have the manager-in-charge’s signature notarized.
- Criminal history background checks. (*This requirement does not apply if the new MIC of this facility is licensed by the Missouri Board of Pharmacy as a registered pharmacist.*)

Missouri Residents - Go to www.machs.mo.gov or call **877-862-2425** to schedule an appointment to be fingerprinted for a criminal history background check. You must provide Cogent (the approved vendor) “**Registration Number: 0003.**” You will pay a fee directly to Cogent for this service. At the time you are fingerprinted, you will be required to show a valid photo ID, your picture will be taken for verification purposes, and you will be given a receipt substantiating proof that you were fingerprinted. A receipt cannot be used from a previous application, it must be dated no more than six months prior to submission of the application, and the name on the receipt must be the same as on the application. [Click here](#) for more information about the Missouri fingerprint process.

Non-Missouri Residents - If you live near the Missouri border and are able to be fingerprinted in Missouri, it is recommended you follow the Missouri resident instructions above. If not possible, proceed with the following to be fingerprinted out of Missouri:

- a. Email drugdistributor@pr.mo.gov or call 573-526-6985 to request two fingerprint cards be mailed to you, or use standard FBI FD-258 fingerprint cards.
- b. Go to www.machs.mo.gov to register to be fingerprinted for a criminal history background check. You must provide Cogent (the approved vendor) “**Registration Number: 0003.**” Please write the TCN number provided during registration on the back of both fingerprint cards. You will pay a fee directly to Cogent for this service.
- c. Fill in the following mandatory information on the cards. If any of the below fields are left blank, the fingerprint cards will not be able to be processed and a fingerprint rejection notice will be mailed back to the applicant.

First Name	Height
Last Name	Weight
Street Address	Hair Color
City	Eye Color
State	Race (Black, White, Hispanic, Indian, Asian, Other)
Zip Code	Place of Birth
Date of Birth	Citizenship
Sex (Male or Female)	Social Security Number (if a US Citizen)

- d. Take the fingerprint cards to a law enforcement agency to be fingerprinted.
- e. After fingerprinted, mail the fingerprint cards and a check or money order for \$43.05 made payable to 3M Cogent to: **3M Cogent, Inc., Missouri CardScan, 639 N. Rosemead Blvd., Pasadena, CA 91107.**

- f. A fingerprint receipt is NOT required to be submitted with your application if you are fingerprinted out of Missouri.
- g. DO NOT SEND YOUR MIC CHANGE APPLICATION TO 3M COGENT.
- h. DO NOT SEND YOUR FINGERPRINT CARDS TO THE MISSOURI BOARD OF PHARMACY.
- Return the completed MIC change form along with a \$50 check or money order payable to the Missouri Board of Pharmacy at the address printed on the form. NOTE: An additional \$25 returned check fee will apply to insufficient funds checks.
- If you have questions, contact the Missouri Board of Pharmacy at 573-526-6985, or email drugdistributor@pr.mo.gov.

ATTACHMENTS TO ACCOMPANY THE APPLICATION

CHECKLIST: YOU Must Submit The Following To The Board Of Pharmacy With The Application:

- 1. _____ Completed, signed, and notarized original application. Copies will not be accepted.
- 2. _____ \$50 signed check or money order payable to the Missouri Board of Pharmacy.

NOTICE

If the new manager in charge of the facility as named on the application is a registered pharmacist licensed by the State of Missouri, please include that information on the application and item 3 below does not apply.

- 3. _____ Proof of fingerprinting for Manager-in-Charge. This application cannot be processed without provision of fingerprints; however, a fingerprint receipt is NOT required if the new MIC is fingerprinted out of Missouri and follows the Non-Missouri Resident instructions above.

Missouri Procedures for Out-of-State Applicant Fingerprint Cards

Out-of-State applicants should mail their fingerprint cards to Cogent for criminal background check processing. A check or money order for the Cogent fingerprinting fee and all State or FBI fees (\$43.05) should accompany the fingerprints.

Also go to www.machs.mo.gov to register for the criminal history background check. You must provide Cogent **“Registration Number: 0003.”** Please write the TCN number provided during online registration on the back of both fingerprint cards. For more information about fees please visit www.machs.mo.gov for a complete fee schedule.

All fingerprint cards should contain the mandatory demographic information listed below. If any of the below fields are left blank the fingerprint card will not be able to be processed and a rejection notice will be mailed back to the applicant. Mandatory Information that must be included on the fingerprint card:

First Name	Height
Last Name	Weight
Street Address	Hair Color
City	Eye Color
State	Race (Black, White, Hispanic, Indian, Asian, Other)
Zip Code	Place of Birth
Date of Birth	Citizenship
Sex (Male or Female)	Social Security Number (if a US Citizen)

The Missouri Board of **Pharmacy’s Registration Number: 0003** must be notated in the upper right hand corner of the fingerprint card. Failure to include this information on the fingerprint card will result in an incorrect type of background check being done. Additional fees may be accessed if a correction is later needed.

Sample Registration #

Only include "Volunteer" if the background check is being conducted for a position as a volunteer.

Fingerprint cards and associated fees should be mailed to:

3M Cogent, Inc.
Attn: Missouri CardScan
639 N. Rosemead Blvd.
Pasadena, CA 91107

Questions about this process may be directed to Cogent at 1-877-862-2425 or to the Missouri State Highway Patrol at 573-526-6312

Important Notice Concerning Your Fingerprint-based Background Check

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you must understand that by mailing your fingerprints to the Missouri State Highway Patrol or to Cogent, the Missouri Fingerprint Services vendor, you hereby agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI).
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in MSHP and/or FBI files. Such data will be subject to comparisons against other submissions received by the MSHP and/or the FBI and to further disseminations by the MSHP or the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)) or Missouri Revised Statutes.
- Any future updates made to your arrest record may also be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

Questions about this notice may be directed to the Missouri State Highway Patrol Criminal Justice Information Services Division at 573-526-6153 or machs@mshp.dps.mo.gov

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy.

- Officials must provide to the applicant written notice¹ that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- Officials should not deny the job, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.²

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

¹ Written notification includes electronic notification, but excludes oral notification.

² See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
MANAGER-IN-CHARGE CHANGE

MAILING ADDRESS:
 MISSOURI BOARD OF PHARMACY
 P.O. BOX 625
 JEFFERSON CITY, MO 65102
 (573) 751-0091

DELIVERY ADDRESS:
 3605 MISSOURI BLVD
 JEFFERSON CITY, MO 65109

SEE INSTRUCTION SHEET FOR COMPLETION OF THIS FORM ORI - AGENCY #MO920120Z	FOR OFFICE USE ONLY	
	LICENSE REQUESTED	LICENSE MAILED
	INSPECTOR	

EFFECTIVE DATE OF CHANGE

NAME OF FACILITY	FACILITY LICENSE NUMBER
------------------	-------------------------

ADDRESS (STREET, CITY, STATE, ZIP)

FORMER MANAGER-IN-CHARGE

NEW MANAGER-IN-CHARGE	DATE OF BIRTH	SSN	R.Ph. LICENSE NUMBER (IF APPLICABLE)
-----------------------	---------------	-----	---

NEW MANAGER-IN-CHARGE EMPLOYMENT HISTORY – PROVIDE INFORMATION FOR PAST SEVEN (7) YEARS.

COMPANY NAME	CITY/STATE	JOB TITLE/POSITION HELD	DATES

PLEASE COMPLETE PAGE 2 OF THIS FORM.

NOTARY SECTION

I, do solemnly swear or affirm that I serve as the manager-in-charge of the business described in the foregoing application, that I understand and meet the manager-in-charge requirements set forth in 20 CSR 2220-5.030(2), that my employment history provided on this application is true and correct, and that I understand the license will be issued with my name appearing thereon as manager-in-charge. All this I affirm under penalties of perjury.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF NEW MANAGER-IN-CHARGE	DATE
---	------------------------------------	------

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	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)				

CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS, AND STATUS (ALL QUESTIONS MUST BE ANSWERED)

Suspended Imposition of Sentence (SIS) Information: An attorney may advise you that you do not have to report this SIS information on any future application. However, since the Board has authority under Section 338.185, RSMo, to access those records, via the use of the fingerprints, this type of action **MUST BE REPORTED ON THIS APPLICATION.**

NOTE TO APPLICANT: The following questions must be answered truthfully and completely by you without any omissions. Your failure to answer truthfully may subject you to penalties under the law for providing a false affidavit, or to the denial of your request for manager-in-charge. If you are in doubt on a question, mark the answer "yes" and explain on a separate sheet.

1. Are you now charged in any criminal prosecution (felony or misdemeanor), or have you ever 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 ever:
 - (a) had an application for a drug distributor, pharmacy, 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, or a pharmacy or drug distributor facility you owned, or a pharmacy or a drug distributor facility where you were employed, by a pharmacy 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
 - (d) had an application for a controlled substance license or registration denied or refused in this state, or any other state or country? Yes No
 - (e) had disciplinary action taken against a controlled substance license or registration by the pharmacy board (or its equivalent) in this state or any other state or country? Yes No
3. In the last five (5) years, have you been adjudged insane or incompetent by a court in this, or any other state or country? Yes No
4. In the last ten (10) years, 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 manager-in-charge? Yes No
 - (b) been, or are you now, addicted to any drugs, controlled substances or alcoholic beverages? Yes No
5. If you answered "yes" to any part of questions 1-4, please give all details including city and state where occurred, and fully explain "yes" answer on a separate sheet. **Attach copies of all applicable court documents.**

338.185 RSMo. "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."