

**Missouri Board of Pharmacy
Conference Call
September 27, 2016 3:00 pm
Professional Registration
3605 Missouri Blvd
Jefferson City, MO 65109**

Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri Board of Pharmacy, P O Box 625, 3605 Missouri Blvd., Jefferson City, Missouri 65102, or by calling (573) 751-0091 to ensure available accommodations. The text telephone for the hearing impaired is (800) 735-2966.

Except to the extent disclosure is otherwise required by law, the Missouri Board of Pharmacy is authorized to go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting will be closed under Section 610.021(1),(5), (7), and (14), and under Section 324.001.8, RSMo. The Board may go into closed session at any time during the meeting pursuant to § 610.021(1) for purposes of legal advice. If the meeting is closed the appropriate section will be announced to the public with the motion and vote recorded in open session minutes.

If any member of the public wishes to attend the open portion of the telephone conference call, s/he should be present at the Missouri Board of Pharmacy, 3605 Missouri Blvd., Jefferson City, Missouri, at 3:00 p.m. on September 27, 2016. Please see attached tentative agenda for this meeting.

AGENDA
September 27, 2016 3:00 pm
Missouri Board of Pharmacy
Professional Registration
3605 Missouri Blvd
Jefferson City, MO 65109
Conference Call

OPEN SESSION

1. Call to Order
2. Roll Call
3. Application for Intern Training Special Site/Non-Pharmacist Preceptor
4. Approval of Closed e-mail Ballot
5. The Board may go into closed session at any point during the meeting and all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting will be closed under Section 610.021(1), (5), (7), and (14) and under Section 324.001.8, RSMo. The Board will return to open session at the conclusion of discussion of closed session items.
6. Adjournment

#C1 Applications for Intern Training Special Site/Non-Pharmacist Preceptor

- MSU Care
- Saint Luke's Multispecialty Clinic
- University of Missouri – Kansas City School of Pharmacy Drug Information Center
- Veterans Administration Consolidated Mail Outpatient Pharmacy (CMOP-#760)



Special Site or Non-Pharmacist Preceptor Application

SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

000548 AUG-8th

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	APPROVAL DATE	NO. HOURS
		DISAPPROVAL DATE	
		RECEIVED DATE RECEIVED AUG 08 2016 MISSOURI BOARD OF PHARMACY	

- KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS
 - QUESTIONS: E-MAIL: intern@pr.mo.gov or call (573) 751-0092

INSTRUCTIONS

- ✓ Use this form to request approval of:
 - A preceptor that does not hold a pharmacist license issued by a U.S. state or territory, or;
 - An intern training state that is not licensed as a pharmacy in the U.S. or a U.S. territory.
- ✓ After the special site/non-pharmacist preceptor has been approved by the Board, **interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application** before beginning their internship hours.
- ✓ **Missouri Pharmacy School Students:** If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours outside of your school curriculum at a special site or with a non-pharmacist preceptor. *This allowance only applies to students attending a Missouri located pharmacy school/college.*

REQUEST TYPE
 I AM REQUESTING APPROVAL OF:

Special Site and Non-Pharmacist Preceptor
 Special Site
 Non-Pharmacist Preceptor

SITE APPROVAL

NAME OF SPECIAL SITE: MSU Care

SITE ADDRESS (STREET) (CITY) (STATE) (ZIP)
640 E. Cherry St. Springfield MO 65806

IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM? YES NO

IF YES, NAME OF SCHOOL/COLLEGE: Missouri State University

DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional sheets if necessary)

The purpose of MSU Care is to increase healthcare access providing both preventative & chronic care management for uninsured adults with limited or no income through a team-based inter-professional clinical practice. Through collaborations & partnerships with community organizations, MSU Care is committed to provide quality patient outcomes & innovative learning opportunities for healthcare students.



Special Site or Non-Pharmacist Preceptor Application

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES *(Attach additional sheets if necessary)*

Interns will work through a team-based inter-professional collaboration to provide the following services to patients & fellow providers: patient chart review, medication recommendations, formulary review, patient counseling for medications & chronic disease states, personalized patient recommendations to providers, in-services for providers, students, & support staff, & other non-clinical duties such as filing, collecting supplies, & proper delivery of medications to patients.

LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN *(Attach additional sheets if necessary)*

For this Ambulatory Patient Care Site, the following objectives/competencies must be met:

- Patient Care
- Pharmacy Systems & Practice Management
- Communication
- Professionalism
- Required Assignments

(see attached for details)

PRECEPTOR APPROVAL				
A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below. Attach additional sheets if necessary.				
PRECEPTOR NAME	April Leann Risner			TITLE
PRECEPTOR MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
PRECEPTOR NAME	[REDACTED]			TITLE
PRECEPTOR MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
PRECEPTOR NAME				TITLE
PRECEPTOR MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
PRECEPTOR NAME				TITLE
PRECEPTOR MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
PRECEPTOR QUALIFICATIONS: To complete this application, a resume or curriculum vitae must be attached to this application that shows/lists: <ul style="list-style-type: none"> • All degrees obtained by the preceptor(s) listed above beyond high school/a general equivalency diploma; AND • Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor. 				

INTERN INFORMATION <i>(List the names of interns that will be earning hours at the special site if known. Not required for Missouri located pharmacy schools/colleges. Attach additional sheets if necessary.)</i>				
INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER



Special Site or Non-Pharmacist Preceptor Application

CONTACT PERSON <i>(Please provide a contact person for questions regarding this application)</i>				
CONTACT NAME	April Risner		POSITION/TITLE	PharmD
CONTACT MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
E-MAIL ADDRESS	PHONE NUMBER	FAX NUMBER		

APPLICANT AFFIDAVIT <i>(To be completed by person/representative of entity submitting this application)</i>	
<p>I hereby request approval of the site and/or preceptor identified herein. 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.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT	PRINT NAME
April Risner, PharmD	April Risner
TITLE	DATE
PharmD	8/1/16



Special Site or Non-Pharmacist Preceptor Application

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is 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 agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

MSU Care

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

640 E. Cherry St.

Springfield

MO

65806

SIGNATURE OF PRECEPTOR

April Risner, PharmD

DATE

8/1/16

PRINT NAME

April Risner

TITLE

PharmD

Board of Pharmacy

PR Home (<http://pr.mo.gov/>) » Pharmacy Home (<http://pr.mo.gov/pharmacists.asp>)

Pharmacy Detail

Pharmacy Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Risner, April Leann
Profession Name:	Pharmacist
Licensee Number:	2014023616
Expiration Date:	10/31/2016
Original Issue Date:	7/10/2014
Address:	
Address Con't:	
City, State Zip:	Republic, MO 65738
County:	Greene
Practitioner DBA Name:	
Classification:	Medication Therapy Services

Current Discipline Status:	None
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Certification Type:	Effective Date:	Expiration Date:
NOI - Administration By Protocol	8/26/2015	8/24/2016
NOI - Administration By Medical Prescription Order	8/26/2015	8/24/2016

Board of Pharmacy (<http://pr.mo.gov/pharmacists>)

3605 Missouri Boulevard

P.O. Box 625

Jefferson City, MO 65102-0625

573.751.0091 Telephone

573.526.3464 Fax

800.735.2966 TTY

800.735.2466 Voice Relay

MissouriBOP@pr.mo.gov (<mailto:MissouriBOP@pr.mo.gov>)

<http://pr.mo.gov/pharmacists> (<http://pr.mo.gov/pharmacists>)

Pharmacy 7410P: General Medicine III: Ambulatory Patient Care (4 Credit Hours)

The student will spend one month actively participating in the delivery of direct patient care in an interprofessional ambulatory patient care practice setting where there is an ongoing program of clinical pharmacy services. Students will take part in rounds, conferences, consultations and other activities as directed by the faculty preceptor. Faculty preceptors may add site-specific objectives as indicated.

Performance Competencies

Patient Care

- Obtain, record, and interpret patient-specific information from a variety of sources including the patient, caregiver, members of the health care team, patient profile or medical record
- Determine the presence of a disease, medical condition, evaluate drug therapy, identify and prioritize drug-related problem(s) and assess the need for treatment or referral
- Perform selected aspects of physical assessment, as appropriate.
- Assess patient adherence to previously prescribed medication regimens.
- Develop a complete medical and drug therapy problem list.
- Select and recommend appropriate drug and non-drug therapy with defined therapeutic goals and measurable outcomes
- Evaluate appropriateness of prescriptions/medication orders by correlating the order with patient-specific data, pharmaceutical calculations, pharmacokinetics, drug information, pharmacovigilance surveillance and potential drug-related problems
- Retrieve, analyze, and interpret the professional, lay, and scientific literature to make informed, rational, and evidence-based decisions
- Review, analyze, and integrate clinical drug guidelines into decisions regarding patient care.
- Develop, evaluate, and communicate an optimized patient-specific care plan with members of the interprofessional health care team.
- Appropriately document patient care activity.

Pharmacy Systems and Practice Management

- Identify and report adverse drug reactions, actual or potential drug interactions, and medication errors in accordance with site-specific procedures. If no ADRs or medication errors are identified, students should discuss the site-specific process for reporting them.
- Discuss practice management issues pertaining to the site e.g. formulary, collaborative practice agreements, medication therapy management services, access to medications, reimbursements, access to medications, transitions of care, etc.

Communication

- Communicate clearly and accurately with patients, caregivers, other health care professionals, and the public using culturally competent verbal and written communication skills at the appropriate level for the target audience to engender a team approach to patient care.
- Provide effective health and medication information to patients and/or caregivers and confirm patient and/or caregiver understanding of the information being provided
- Effectively communicate patient care plan recommendations to the health care team
- Ensure continuity of quality care by effectively communicating evidence-based care plans for patients during transitions of care.

Professionalism

- Comply with federal, state, and local statutes and regulations that affect pharmacy practice.
- Demonstrate and maintain an appropriate level of professional behavior displaying habits, attitudes, and values consistent with a respected member of the pharmacy profession.
- Demonstrate and promote self-directed learning through a self-initiated, proactive, and evidence-based approach to clinical pharmacy practice.
- Discuss and participate in the development and analysis of evidence-based clinical drug guidelines.

Required Assignments (additional activities may be assigned by the preceptor)

- Drug Information Question written response
- Journal Club
- Treatment Guideline analysis and application to patient care
- Interprofessional Education Reflection



Special Site or Non-Pharmacist Preceptor Application

SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY <i>WLB 3024 XP 9/30/14</i>	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	APPROVAL DATE NO. HOURS
	OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	DISAPPROVAL DATE
	RECEIVED DATE RECEIVED AUG 4 2016	

• KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS
 • QUESTIONS: E-MAIL: Intern@pr.mo.gov or call (573) 751-0092

INSTRUCTIONS ✓ Use this form to request approval of: a. A preceptor that does <u>not</u> hold a pharmacist license issued by a U.S. state or territory, or; b. An intern training state that is <u>not</u> licensed as a pharmacy in the U.S. or a U.S. territory. ✓ After the special site/non-pharmacist preceptor has been approved by the Board, interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application before beginning their internship hours. ✓ Missouri Pharmacy School Students: If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours <u>outside</u> of your school curriculum at a special site or with a non-pharmacist preceptor. <i>This allowance only applies to students attending a Missouri located pharmacy school/college.</i>	MISSOURI BOARD OF PHARMACY
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REQUEST TYPE I AM REQUESTING APPROVAL OF:
<input type="checkbox"/> Special Site and Non-Pharmacist Preceptor <input checked="" type="checkbox"/> Special Site <input type="checkbox"/> Non-Pharmacist Preceptor

SITE APPROVAL NAME OF SPECIAL SITE Saint Luke's Multispecialty Clinic
SITE ADDRESS (STREET) (CITY) (STATE) (ZIP) 4320 Wornall Rd, Medical Plaza II, Ste 65, Kansas City, MO 64111
IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, NAME OF SCHOOL/COLLEGE: <u>UMKC School of Pharmacy</u>
DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional sheets if necessary) The Saint Luke's Multispecialty Clinic is an education based clinic with direct affiliation with the UMKC School of Medicine. Our focus is on treating the whole patient and meeting all of the patients' needs within a single environment. They focus on the entire patient and have the ability to refer patients to staff specialists within and outside the clinic. Patients in the Clinic can be assured they are receiving thorough care with physicians dedicated to investigating all aspects of their illness, ordering lab work and tests to formulate an accurate diagnosis, and providing them with treatments and medications to return them to their homes and communities. UMKC Pharmacy students, community practice pharmacy residents and pharmacy faculty work in collaboration with the medical team to contribute to direct patient care decision and provide pharmacy related services and education.



Special Site or Non-Pharmacist Preceptor Application

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES <i>(Attach additional sheets if necessary)</i> <p style="text-align: center;">See attached</p>
LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN <i>(Attach additional sheets if necessary)</i> <p style="text-align: center;">See attached</p>

PRECEPTOR APPROVAL			
A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below. Attach additional sheets if necessary.			
PRECEPTOR NAME	TITLE		
Maureen Knell, Pharm.D., BCACP	Clinical Pharmacist, Clinical Associate Prof		
PRECEPTOR MAILING ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)
PRECEPTOR NAME	TITLE		
PRECEPTOR MAILING ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)
PRECEPTOR NAME	TITLE		
PRECEPTOR MAILING ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)
PRECEPTOR NAME	TITLE		
PRECEPTOR MAILING ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)
PRECEPTOR QUALIFICATIONS: To complete this application, a resume or curriculum vitae must be attached to this application that shows/lists: <ul style="list-style-type: none"> • All degrees obtained by the preceptor(s) listed above beyond high school/a general equivalency diploma; AND • Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor. 			

INTERN INFORMATION (List the names of interns that will be earning hours at the special site if known. Not required for Missouri located pharmacy schools/colleges. Attach additional sheets if necessary.)			
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER



Special Site or Non-Pharmacist Preceptor Application

CONTACT PERSON (Please provide a contact person for questions regarding this application)		
CONTACT NAME	POSITION/TITLE	
Maureen Knell, Pharm.D., BCACP	Clinical Pharmacist, Clinical Associate Prof	
CONTACT MAILING ADDRESS (STREET)	(CITY)	(STATE) (ZIP)
[Redacted]		
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER
[Redacted]	[Redacted]	[Redacted]

APPLICANT AFFIDAVIT (To be completed by person/representative of entity submitting this application)	
<p>I hereby request approval of the site and/or preceptor identified herein. 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.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT	PRINT NAME
<i>Maureen E Knell</i>	Maureen Knell, Pharm.D., BCACP
TITLE	DATE
Clinical Pharmacist, Clinical Associate Professor	7/29/16



Special Site or Non-Pharmacist Preceptor Application

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is 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 agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

Saint Luke's Multispecialty Clinic

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

SIGNATURE OF PRECEPTOR

Maureen E Kneel

DATE

7/29/16

PRINT NAME

Maureen Kneel, Pharm.D., BCACP

TITLE

Clinical Pharmacist, Clinical Associate Professor

Board of Pharmacy

PR Home (<http://pr.mo.gov/>) » Pharmacy Home (<http://pr.mo.gov/pharmacists.asp>)

Pharmacy Detail

Pharmacy Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Knell, Maureen E
Profession Name:	Pharmacist
Licensee Number:	043677
Expiration Date:	10/31/2016
Original Issue Date:	8/4/1993
Address:	
Address Con't:	
City, State Zip:	Overland Park, KS 66223
County:	Unknown/Out of State
Practitioner DBA Name:	
Classification:	

Current Discipline Status:	None
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Board of Pharmacy (<http://pr.mo.gov/pharmacists>)

3605 Missouri Boulevard

P.O. Box 625

Jefferson City, MO 65102-0625

573.751.0091 Telephone

573.526.3464 Fax

800.735.2966 TTY

800.735.2466 Voice Relay

MissouriBOP@pr.mo.gov (<mailto:MissouriBOP@pr.mo.gov>)

<http://pr.mo.gov/pharmacists> (<http://pr.mo.gov/pharmacists>)

Pharmacy 7407P: General Medicine II: Selective (8 Credit Hours)

The student will spend two months actively participating in the delivery of direct patient care in an interprofessional practice setting where there are ongoing clinical pharmacy services. Students will take part in rounds, conferences, consultations and other activities as directed by the faculty preceptor. Faculty preceptors may add site-specific objectives as indicated.

Performance Competencies

The General Medicine II rotation may occur in an ambulatory care setting or an acute care setting depending on site placement. The applicable Performance Competencies for Ambulatory Patient Care or Acute Patient Care will apply to the rotation setting for the General Medicine II rotation.

Patient Care

Pharmacy Systems and Practice Management

Communication

Professionalism

Required Assignments for GMII (additional activities may be assigned by the preceptor)

- Drug Information Question written response
- Journal club
- Treatment Guideline analysis and application to patient care
- Formal presentation with EBM basis



Special Site or Non-Pharmacist Preceptor Application

SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY  - KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS - QUESTIONS: E-MAIL: intern@pr.mo.gov or call (573) 751-0092	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	APPROVAL DATE NO. HOURS
	OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	DISAPPROVAL DATE
	RECEIVED DATE <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">AUG 4 2016</div>	

MISSOURI BOARD
OF PHARMACY

INSTRUCTIONS
<ul style="list-style-type: none"> ✓ Use this form to request approval of: <ul style="list-style-type: none"> a. A preceptor that does <u>not</u> hold a pharmacist license issued by a U.S. state or territory, or; b. An intern training state that is <u>not</u> licensed as a pharmacy in the U.S. or a U.S. territory. ✓ After the special site/non-pharmacist preceptor has been approved by the Board, interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application before beginning their internship hours. ✓ Missouri Pharmacy School Students: If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours <u>outside</u> of your school curriculum at a special site or with a non-pharmacist preceptor. <i>This allowance only applies to students attending a Missouri located pharmacy school/college.</i>

REQUEST TYPE
I AM REQUESTING APPROVAL OF: <input type="checkbox"/> Special Site and Non-Pharmacist Preceptor <input checked="" type="checkbox"/> Special Site <input type="checkbox"/> Non-Pharmacist Preceptor

SITE APPROVAL
NAME OF SPECIAL SITE University of Missouri - Kansas City School of Pharmacy Drug Information Center
SITE ADDRESS (STREET) (CITY) (STATE) (ZIP) Health Sciences Building, 2464 Charlotte St., Kansas City, Missouri 64106-2718
IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF SCHOOL/COLLEGE: <u>University of Missouri-Kansas City School of Pharmacy</u>
DESCRIPTION OF BUSINESS ACTIVITIES <i>(Attach additional sheets if necessary)</i> The UMKC Drug Information Center integrates information search and retrieval skills with evaluation to provide health and medication-related information to both health care professionals and consumers in the community. Offers a variety of contractual services including formulary management, Drug Use Evaluations, treatment algorithm development, call-center services, and e-commerce content development. DIC staff members, including faculty, fellows, and residents, participate in a variety of educational and research activities. Develop lectures in pharmacy, nursing, and allied health curricula on a multitude of topics and experiences, which often include, evidence-based medicine (EBM), pharmacology, and therapeutics. Serves as an experiential role to Pharm.D. Candidates by serving as a clinical rotation site.



Special Site or Non-Pharmacist Preceptor Application

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES *(Attach additional sheets if necessary)*

Knowledge of core drug information resources (Lexi Comp, Dynamed Plus, Ovid MedLine, PubMed, EMBASE, Clinical Pharmacology, Natural Medicine, etc.).
 Systematic approach to drug information questions, what background information is needed, special considerations (legal, ethical, privacy, regulations), dissemination of drug information (basic understanding of difference between facts and drug information responses; being clear, concise, complete at a level of complexity appropriate for the requester; verbal vs. written communication communication skills, active listening skills, basic awareness of citation/documentation resources and techniques.

LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN *(Attach additional sheets if necessary)*

Obtain thorough background information for drug information requests including appropriate patient medical and drug histories. Use a systematic approach when providing drug information.
 Demonstrate the ability to provide complete, referenced, and accurate responses for drug information requests in a reasonable time period.
 Demonstrate the ability to develop an efficient and effective search strategy utilizing tertiary, secondary, and primary sources as appropriate.

PRECEPTOR APPROVAL			
A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below. Attach additional sheets if necessary.			
PRECEPTOR NAME Patrick J. Bryant, Pharm.D.	200409540	TITLE	Director, Drug Information Center and Clinical Professor
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)			
PRECEPTOR NAME Heather A. Pace, Pharm.D.	2005621393	TITLE	Asst. Director, Drug Information Center and Clinical Associate Professor
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)			
PRECEPTOR NAME Morgan L. Sperry, Pharm.D.	2007028063	TITLE	Asst. Director, Drug Information Center and Clinical Associate Professor
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)			
PRECEPTOR NAME		TITLE	
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)			

PRECEPTOR QUALIFICATIONS: To complete this application, a resume or curriculum vitae must be attached to this application that shows/lists:

- All degrees obtained by the preceptor(s) listed above beyond high school/a general equivalency diploma; AND
- Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor.

INTERN INFORMATION <i>(List the names of interns that will be earning hours at the special site if known. Not required for Missouri located pharmacy schools/colleges. Attach additional sheets if necessary.)</i>			
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER



Special Site or Non-Pharmacist Preceptor Application

CONTACT PERSON <i>(Please provide a contact person for questions regarding this application)</i>			
CONTACT NAME		POSITION/TITLE	
Patrick J. Bryant, Pharm.D.		Director, Drug Info Cntr and Clinical Professor	
CONTACT MAILING ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
E-MAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER

APPLICANT AFFIDAVIT <i>(To be completed by person/representative of entity submitting this application)</i>	
<p>I hereby request approval of the site and/or preceptor identified herein. 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.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT	PRINT NAME
	Patrick J. Bryant, Pharm.D.
TITLE	DATE
Director, Drug Information Center and Clinical Professor	August 1, 2016



Special Site or Non-Pharmacist Preceptor Application

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is 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 agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

UMKC School of Pharmacy Drug Information Center

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

SIGNATURE OF PRECEPTOR

DATE

August 1, 2016

PRINT NAME

Patrick J. Bryant, Pharm.D.

TITLE

Director, Drug Information Center and Clinical Professor



Special Site or Non-Pharmacist Preceptor Application

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is 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 agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

UMKC School of Pharmacy Drug Information Center

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

SIGNATURE OF PRECEPTOR

DATE

August 1, 2016

PRINT NAME

Heather A. Pace, Pharm.D.

TITLE

Asst. Dir., Drug Information Center and Clinical Associate Professor



Special Site or Non-Pharmacist Preceptor Application

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is 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 agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

UMKC School of Pharmacy Drug Information Center

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

SIGNATURE OF PRECEPTOR

Morgan L. Sperry

DATE

August 1, 2016

PRINT NAME

Morgan L. Sperry, Pharm.D.

TITLE

Asst. Dir., Drug Information Center and Clinical Associate Professor



Special Site or Non-Pharmacist Preceptor Application

SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY 443025 xpr 9/30/16	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	APPROVAL DATE NO. HOURS
	OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	DISAPPROVAL DATE
	RECEIVED DATE	

- KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS
 - QUESTIONS: E-MAIL: intern@pr.mo.gov or call (573) 751-0092

INSTRUCTIONS

- ✓ Use this form to request approval of:
 - a. A preceptor that does not hold a pharmacist license issued by a U.S. state or territory, or;
 - b. An intern training state that is not licensed as a pharmacy in the U.S. or a U.S. territory.
- ✓ After the special site/non-pharmacist preceptor has been approved by the Board, **interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application** before beginning their internship hours.
- ✓ **Missouri Pharmacy School Students:** If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours outside of your school curriculum at a special site or with a non-pharmacist preceptor. *This allowance only applies to students attending a Missouri located pharmacy school/college.*

REQUEST TYPE

I AM REQUESTING APPROVAL OF:

Special Site and Non-Pharmacist Preceptor
 Special Site
 Non-Pharmacist Preceptor

SITE APPROVAL

NAME OF SPECIAL SITE
 Veterans Administration Consolidated Mail Outpatient Pharmacy (CMOP-#760)

SITE ADDRESS (STREET) (CITY) (STATE) (ZIP)
 5000 South 13th Street Leavenworth KS 66048

IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM? YES NO

IF YES, NAME OF SCHOOL/COLLEGE: UMKC School of Pharmacy, Kansas City, MO

DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional sheets if necessary)

The Leavenworth VA CMOP is a highly automated mail outpatient pharmacy that dispenses and ships approximately 1.3 million prescriptions monthly. The Leavenworth CMOP is one of seven VA Consolidated Mail Outpatient Pharmacy facilities that make up the National CMOP System. The seven VA CMOPs are located in Chelmsford, MA, Charleston, SC, Dallas, TX, Hines, IL, Leavenworth, KS, Murfreesboro, TN, and Tucson, AZ. The CMOPs interactively provide pharmaceutical support services to VA health care facility pharmacies nationally by dispensing and shipping medications to United States Veterans, ChampVA patients, and Indian Health Service patients. Over 75% of the outpatient prescriptions from the VA Medical Centers are processed by one of the seven CMOP locations.



Special Site or Non-Pharmacist Preceptor Application

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES (Attach additional sheets if necessary)

The pharmacy intern will be introduced to a pharmacy practice environment that supports a high-volume drug distribution system. The intern will gain knowledge of the prescription order process that begins with prescription order entry at a VA medical center and ends with prescription processing and shipping from a VA-Consolidated Mail Outpatient Pharmacy (CMOP). He/she will spend time in CMOP pharmacy automation dispensing zones and will work with a staff pharmacist to review prescription verification processes. The intern will work with a CMOP QA pharmacist to gain knowledge of the quality assurance programs and with a product specialist pharmacist to gain knowledge regarding product selection, product entry, and prescription order review. He/she will gain knowledge regarding the procurement and inventory management necessary to support the processing of 1.3 million prescriptions monthly. The intern will spend time with the CMOP facility director to gain knowledge regarding general managerial and administrative principles. The intern will be assigned drug information projects and will be provided a work space.

LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN (Attach additional sheets if necessary)

At the conclusion of the Advanced Pharmacy Practice Experience (APPE), the student will be able to:

- Demonstrate an understanding of a drug distribution system and automation processes of a high-volume automated pharmacy dispensing program
- Gain knowledge of VA Pharmacy QA processes and demonstrate problem-solving skills
- Demonstrate an understanding of general pharmacy administrative and management principles
- Gain knowledge of medication procurement and inventory management of a large mail-order pharmacy
- Understand the prescription ordering process from medical center pharmacy to Leavenworth CMOP
- Demonstrate the ability to research and complete drug information projects as assigned
- Articulate an understanding of the processes necessary to establish pharmacy compliance with regulatory boards

PRECEPTOR APPROVAL

A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below.

Attach additional sheets if necessary

PRECEPTOR NAME Patrick D. Minard	TITLE Director, VA-CMOP, Leavenworth
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME Margaret A. Johnson	TITLE Product Specialist Pharmacist
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	

PRECEPTOR QUALIFICATIONS: To complete this application a resume or curriculum vitae must be attached to this application that shows/lists:

- All degrees obtained by the preceptor(s) listed above beyond high school or general equivalency diploma; AND
- Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor.

INTERN INFORMATION (List the names of interns that will be earning hours at the special site if known. Not required for Missouri located pharmacy schools/colleges. Attach additional sheets if necessary.)

INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER



Special Site or Non-Pharmacist Preceptor Application

CONTACT PERSON (Please provide a contact person for questions regarding this application)		
CONTACT NAME Margaret Johnson	POSITION/TITLE Product Specialist Pharmacist	
CONTACT ADDRESS (STREET)	(CITY)	(STATE) (ZIP)
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER

APPLICANT AFFIDAVIT (To be completed by person/representative of entity submitting this application)	
<p>I hereby request approval of the site and/or preceptor identified herein. 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.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT <i>Patrick D. Minard</i>	PRINT NAME PATRICK D. MINARD
TITLE Director, VA-CMOP, Leavenworth	DATE 8/11/2016



Special Site or Non-Pharmacist Preceptor Application

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is 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 agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

Veterans Administration - Consolidated Mail Outpatient Pharmacy

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

SIGNATURE OF PRECEPTOR

DATE

8/11/16

PRINT NAME

PATRICK D. MINARD

TITLE

Director, VA-CMOP, Leavenworth



Special Site or Non-Pharmacist Preceptor Application

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is 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 agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

Veterans Administration Consolidated Mail Outpatient Pharmacy

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

SIGNATURE OF PRECEPTOR

Margaret A. Johnson

DATE

8/15/2016

PRINT NAME

Margaret A. Johnson

TITLE

Pharmacist

Kansas Board of Pharmacy

License Portal



Facility/Provider Information

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The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

General

Name or Business:	MINARD, PATRICK	Original Date:	11/17/1995
Classification:	Pharmacist	On Probation:	No
L/P/R No:	1-12377	Discipline on File:	No
Status:	Active		

Licenses

L/P/R #	Description	Effective	Expires	Issued	Status
1-12377	Pharmacist License (Pharmacist)	5/18/2015	6/30/2017	11/17/1995	Active

Notes

N/A

Kansas Board of Pharmacy
License Portal



Facility/Provider Information

[Search Again](#)

[Board of Pharmacy Home](#) | [License Verification](#) | [Exam Scores](#)



The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

General

Name or Business:	JOHNSON, MARGARET	Original Date:	12/24/2003
DBA:	HALEY		
Classification:	Pharmacist	On Probation:	No
L/P/R No:	1-13727	Discipline on File:	No
Status:	Active		

Licenses

L/P/R #	Description	Effective	Expires	Issued	Status
1-13727	Pharmacist License (Pharmacist)	5/19/2015	6/30/2017	12/24/2003	Active

Notes

N/A



Special Site or Non-Pharmacist Preceptor Application

SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY <i>New</i>	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	APPROVAL DATE NO. HOURS
	OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	DISAPPROVAL DATE
	RECEIVED DATE RECEIVED SEP 6 2016	

- KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS
 - QUESTIONS: E-MAIL: Intern@pr.mo.gov or call (573) 751-0092

MISSOURI BOARD OF PHARMACY

INSTRUCTIONS

- ✓ Use this form to request approval of:
 - a. A preceptor that does not hold a pharmacist license issued by a U.S. state or territory, or;
 - b. An intern training state that is not licensed as a pharmacy in the U.S. or a U.S. territory.
- ✓ After the special site/non-pharmacist preceptor has been approved by the Board, **interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application** before beginning their Internship hours.
- ✓ **Missouri Pharmacy School Students:** If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn Intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours outside of your school curriculum at a special site or with a non-pharmacist preceptor. *This allowance only applies to students attending a Missouri located pharmacy school/college.*

REQUEST TYPE

I AM REQUESTING APPROVAL OF:

Special Site and Non-Pharmacist Preceptor Special Site Non-Pharmacist Preceptor

SITE APPROVAL

NAME OF SPECIAL SITE
 Liebei-Flarsheim, LLC

SITE ADDRESS (STREET) (CITY) (STATE) (ZIP)
 1034 S. Brentwood Boulevard St. Louis MO 63117

IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM? YES NO

IF YES, NAME OF SCHOOL/COLLEGE: St. Louis College of Pharmacy

DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional sheets if necessary)
 See attached



Special Site or Non-Pharmacist Preceptor Application

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES (Attach additional sheets if necessary)

See attached

LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN (Attach additional sheets if necessary)

See attached

PRECEPTOR APPROVAL

A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below. Attach additional sheets if necessary.

PRECEPTOR NAME Bruno G. Bonnemain	TITLE Scientific Advisor/Deputy General, Manager
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME Stephen E. Mundwiller	TITLE Quality Manager
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	

PRECEPTOR QUALIFICATIONS: To complete this application, a resume or curriculum vitae must be attached to this application that shows/lsts:

- All degrees obtained by the preceptor(s) listed above beyond high school/a general equivalency diploma; AND
- Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor.

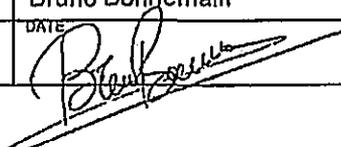
INTERN INFORMATION (Use the names of interns that will be learning hours at the special site if known. Not required for Missouri-located pharmacy schools/colleges. Attach additional sheets if necessary.)

INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
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INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER



Special Site or Non-Pharmacist Preceptor Application

CONTACT PERSON (Please provide contact information for the applicant)			
CONTACT NAME Bruno Bonnerhain		POSITION/TITLE Scientific Advisor/Deputy General, Manager	
CONTACT MAILING ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER N/A	

APPLICANT AFFIDAVIT (To be completed by the applicant)	
<p>I hereby request approval of the site and/or preceptor identified herein. 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.</p> <p>I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.</p>	
SIGNATURE OF APPLICANT	PRINT NAME Bruno Bonnerhain
TITLE Scientific Advisor/Deputy General, St. Louis Site Manager	DATE  8/26/2016.



Special Site or Non-Pharmacist Preceptor Application

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that Intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is 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 agree to report Intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE			
Llebel-Flarsheim, LLC			
SITE ADDRESS	(STREET)	(CITY)	(STATE) (ZIP)
SIGNATURE OF PRECEPTOR		DATE	
		08/26/2016	
PRINT NAME		TITLE	
Bruno Bonnemain		Scientific Advisor/Deputy General, St. Louis Site Manager	



Special Site or Non-Pharmacist Preceptor Application

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is 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 agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

Liebel-Flarsheim, LLC

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

SIGNATURE OF PRECEPTOR

DATE

PRINT NAME

TITLE

Stephen Mundwiller

Quality Manager



Special Site or Non-Pharmacist Preceptor Application

SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY 	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 825 JEFFERSON CITY, MO 65102 OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	APPROVAL DATE		NO. HOURS	
		DISAPPROVAL DATE			
		RECEIVED DATE			

- KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS
 - QUESTIONS: E-MAIL: intern@pr.mo.gov or call (573) 751-0092

INSTRUCTIONS:

- ✓ Use this form to request approval of:
 - a. A preceptor that does not hold a pharmacist license issued by a U.S. state or territory, or;
 - b. An intern training state that is not licensed as a pharmacy in the U.S. or a U.S. territory.
- ✓ After the special site/non-pharmacist preceptor has been approved by the Board, **interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application** before beginning their internship hours.
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REQUEST TYPE:
 I AM REQUESTING APPROVAL OF:

Special Site and Non-Pharmacist Preceptor
 Special Site
 Non-Pharmacist Preceptor

SITE APPROVAL:

NAME OF SPECIAL SITE
 Novo Nordisk Field Medical Affairs

SITE ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)
5619 N. 151st Street	Omaha	NE	68116

IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM? YES NO

IF YES, NAME OF SCHOOL/COLLEGE: St. Louis College of Pharmacy

DESCRIPTION OF BUSINESS ACTIVITIES (Attach additional sheets if necessary)

See attached



Special Site or Non-Pharmacist Preceptor Application

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES (Attach additional sheets if necessary)

See attached

LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN (Attach additional sheets if necessary)

See attached

PRECEPTOR APPROVAL

A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below.
Attach additional sheets if necessary.

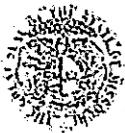
PRECEPTOR NAME Ryan J. Flugge, Pharm.D., BCPS (NE License 11758, Exp. 1/1/18, IA 19656, Exp. 6/30/17)	TITLE Medical Liaison
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP) [Redacted]	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PRECEPTOR NAME	TITLE
PRECEPTOR MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	

PRECEPTOR QUALIFICATIONS: To complete this application, a resume or curriculum vitae must be attached to this application that shows/lists:

- All degrees obtained by the preceptor(s) listed above beyond high school/a general equivalency diploma; AND
- Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the Intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor.

INTERN INFORMATION (List the names of interns that will be learning hours at the special site. *Not required for Missouri located pharmacy schools/colleges. Attach additional sheets if necessary.*)

INTERN NAME (LAST) (FIRST) (MIDDLE)	INTERN LICENSE NUMBER



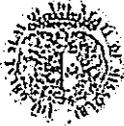
Special Site or Non-Pharmacist Preceptor Application

CONTACT NAME		POSITION/TITLE	
Ryan J. Flugge, Pharm.D., BCPS		Medical Liaison	
CONTACT MAILING ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
E-MAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER

I hereby request approval of the site and/or preceptor identified herein. 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 further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.

SIGNATURE OF APPLICANT 	PRINT NAME Ryan J. Flugge, Pharm.D., BCPS
TITLE Medical Liaison	DATE 28 AUG 2016



Special Site or Non-Pharmacist Preceptor Application

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is 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 agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE

Novo Nordisk Field Medical Affairs

SITE ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

SIGNATURE OF PRECEPTOR

DATE

28 AUG 2014

PRINT NAME

Ryan J. Flugge, Pharm.D., BCPS

TITLE

Medical Liaison

Nebraska Department of Health and Human Services (<http://dhhs.ne.gov/>)



(<http://dhhs.ne.gov/>)

Details

License Details

Name on License
Ryan John Flugge RP
Country
United States
Profession Name
Pharmacy
License Type
Pharmacist
License Number
11758
Date of Issuance
06/27/2002

Date of Expiration
01/01/2018
License Status
Active
Effective Date of Status
06/27/2002
Reason for License Status
License Issuance

School Information

SCHOOL	University of Iowa
DATE	05/16/2002

Disciplinary/Non-Disciplinary Information

If additional information is needed regarding the actions listed, please contact the licensure unit at 402-471-2115 or DHHS.LicensureUnit@nebraska.gov (mailto:DHHS.LicensureUnit@nebraska.gov).

None on record at this time.

**Novo Nordisk
Special Site Permit Application (Attachment)**

Description of Business Activities:

Novo Nordisk is a global healthcare company headquartered in Bagsvaerd, Denmark with production facilities in seven countries and affiliates or offices in 75 countries. Novo Nordisk has more than 90 years of innovation and leadership in diabetes care. The company also has leading positions within rare bleeding disorders, growth hormone-related disorders, and women's health.

Provide a detailed description of the job duties/responsibilities of the intern:

Students will be expected to provide scientific data and information on disease states upon visits with healthcare providers. The student will be responsible for understanding diabetes and its treatment. Administrative days will be designated for power point presentations, data searches, conference calls, and training and updates as needed. Each student will be assigned a project to work on as needed for the support of a healthcare provider's request.

List the Learning Objective(s) for the Intern:

- The student will have the opportunity to understand the Food and Drug Administration (FDA) regulation and how drugs are approved and not approved
- The student will have the opportunity to understand the FDA's new drug application (NDA) process
- The student will have the opportunity to learn how new drugs are launched into the market

#C2A STLCOP and UMKC College of Pharmacy

- STLCOP Site Listing
- STLCOP Preceptor Listing
- UMKC Site Listing
- UMKC Preceptor Listing

STLCOP Facility Listing

License Number	State Licensed	Facility Name	Address	City	State	Zip	Disc.
PLEASE NOTE: IF FACILITY IS LICENSED IN MULTIPLE STATES, INCLUDING MISSOURI, PLEASE LIST ONLY THE MISSOURI LICENSE							
2015026575	MO	K-mart	1 Flower Valley Shopping Cen	Florissant	MO	63033	No
002944	MO	Wilkinson Pharmacy	105 South Oak	Nevada	MO	64772	No
005504	MO	Wilkinson Pharmacy of Lamar	605A W 12 th	Lamar	MO	64759	No
LICENSED OUTSIDE OF MISSOURI							
054-017093	IL	Hillsboro Area Hospital	1200 E. Tremont	Hillsboro	IL	62049	No
054-018756	IL	Medicine Shoppe #328	122 W. State St.	Ofallon	IL	62269	No
054-019125	IL	Walgreens Pharmacy #6762	11833 S, Western Ave.	Chicago	IL	60643	No

STLCOP Preceptor Listing

License Number	State Licensed	Last Name	First Name	Disc.
LICENSED IN MISSOURI				
042550	MO	Eaves	Pamela	No
2014031988	MO	Kuckewich	Lauren M.	No
2014027813	MO	Leininger	Jordan	No
2013024728	MO	Rippelmeyer	Lindsay	No
LICENSED OUTSIDE MISSOURI				
19656	IA	Flugge	Ryan J.	No
051286158	IL	Epps	Melissa	No
051-287961	IL	Weiss	John E.	No
1-13375	KS	Pischke	Rebecca T.	No
11758	NE	Flugge	Ryan J.	No
13726	SC	Kuckewich	Lauren M.	No
37900	TX	Batra	Bindhu	No
41105	TX	Moffett	Brady S.	No
58462	TX	Peach	Madison	No

UMKC Facility Listing

License Number or Special Site #	State Licensed	Facility Name	Address	City	State	Zip	Disc?
PLEASE NOTE: IF FACILITY IS LICENSED IN MULTIPLE STATES, INCLUDING MISSOURI, PLEASE LIST ONLY THE MISSOURI LICENSE							
2005020212	MO	Sam's East, Inc	101 Conley Rd	Columbia	MO	65201	No
2016006896	MO	Kansas City Care Clinic	3515 Broadway	Kansas City	MO	64111	No
SS 680171	MO	St. Louis Va- St. Louis CBOC	6854 Parker Rd	Florissant	MO	63033	No
SS 680174	MO	St. Louis VA Medical Center St.	844 Waterbury Falls Dr	O'Fallon	MO	63368	No

LICENSED OUTSIDE OF MISSOURI

UMKC Preceptor Listing

License Number	State Licensed	Last Name	First Name	Disc?
LICENSED IN MISSOURI				
2015027205	MO	Neal	Jessica	No
2011027442	MO	Scholfield	Angelina	No
2015004638	MO	Barton	Michael	No
2007022471	MO	Lukert	Brandon	No
2015027189	MO	Rio	Lori	No
2016029055	MO	Potter	Andrea	No
2008013821	MO	Hogan	Rachael	No
2012034988	MO	Mishler	Lauren	No
2016019379	MO	Cox	Sarah	No
2014033324	MO	Duty	Ashley	No
2008027639	MO	Good	Daniel	No
2014007575	MO	McConnell	Taylor	No
NOT LICENSED IN MISSOURI				
016629	KY	Palladino	Catherine	No
1-12910	KS	Harting	Matthew	No
22246	IA	Gartner	Meron	No
0202212474	VA	Ryan	Burke	No
53424	TX	Vora	Neha	No