IN-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 black 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.)*
  - The new MIC visit https://www.machs.mshp.dps.mo.gov/MACHSFP/wizard.html to register and schedule an appointment to be fingerprinted; provide IdentoGO **"Registration Number: 0003"** to ensure the results are reported to the Missouri Board of Pharmacy. At the time the MIC is fingerprinted, he/she will be required to show a valid photo ID, their picture will be taken for verification purposes, and he/she will be given a receipt substantiating proof that he/she was fingerprinted. The MIC will pay a fee directly to IdentoGO for this service, and a receipt will be issued to him/her. The receipt must be submitted with this application. 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.
- Return the completed 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 application.

2. _____ $50 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 your application and item 2 below does not apply.

3. _____ Submit the receipt issued by IdentoGO at the time fingerprints were taken substantiating proof of fingerprinting. The MIC will pay a fee directly to Cogent for this service. This application cannot be processed without submission of this receipt.

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

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

MANAGER-IN-CHARGE CHANGE

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)	MIC EMAIL ADDRESS
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 DAY OF YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	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."

Michael L. Parson
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
Chlora Lindley-Myers, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
www.pr.mo.gov/pharmacists
email: MissouriBOP@pr.mo.gov

IT MAY BE NECESSARY FOR BOARD OFFICE STAFF TO CONTACT SOMEONE WITH QUESTIONS ABOUT THE ENCLOSED APPLICATION. PLEASE PROVIDE CONTACT INFORMATION BELOW AND SUBMIT WITH THE APPLICATION.

PHARMACY/DRUG DISTRIBUTOR NAME (as on application)	
NAME OF PERSON TO CONTACT	
TITLE OF PERSON TO CONTACT	
ADDRESS OF PERSON TO CONTACT	STREET, CITY, STATE, ZIP:
DIRECT TELEPHONE NUMBER OF PERSON TO CONTACT (include extension)	
FAX NUMBER OF PERSON TO CONTACT	
EMAIL ADDRESS OF PERSON TO CONTACT	