



### **MISSOURI INTERN PHARMACIST APPLICATION & INSTRUCTIONS**

#### IMPORTANT INFORMATION

1. Complete this application only if you are currently enrolled in or have graduated from an approved school/college of pharmacy and are applying for a Missouri intern pharmacist license.
2. You must be licensed as an intern pharmacist prior to earning pharmacy practice hours for pharmacist licensure.
3. Intern hours may only be earned at a site or preceptor approved by the Board. An Intern Site and Preceptor Application must be submitted to the Board before you begin earning hours. Hours will not be accepted if the site or preceptor has not been approved by the Board office.
4. **Missouri Pharmacy School Students:** Students enrolled in a Missouri located pharmacy/school college are authorized to earn intern hours as part of your school curriculum at any site or with any preceptor approved by the Board for your school. A separate site or preceptor application is not required if you are earning hours as part of your school curriculum. However, an Intern Site and Preceptor Application must be filed and approved if the student will be earning hours outside of and separate from his/her pharmacy school curriculum.
5. Your preceptor must report your hours to the Board by submitting a Preceptor's Affidavit of Internship Hours form. The Board will not certify or count hours not submitted to the Board as required by rule. For students enrolled in a Missouri pharmacy school/college, hours earned as part of your school curriculum will be reported to the Board directly by your school. A Preceptor's Affidavit is not required for hours earned as part of your school curriculum.
6. All intern pharmacists must be fingerprinted and undergo a criminal history background check. (*See fingerprint instructions below*).
7. Intern pharmacist licenses expire December 31 of even-numbered years, regardless of when the license is issued.
8. See rule 20 CSR 2220-7.025 for information on an intern pharmacist license and earning intern hours.

**For additional intern licensing information, see the [Missouri Intern Brochure \(STLCoP & UMKC Students\)](#) or the [Missouri Intern Brochure \(Non-Missouri Students\)](#) on the Board's website.**

#### SUBMITTING YOUR INTERN PHARMACIST APPLICATION

The following items must be submitted to complete this Intern Application:

- ❑ **Completed Intern Pharmacist Application.**
- ❑ **Fee of \$50.00** made payable to the Missouri Board of Pharmacy. The fee may be a money order, cashier's check or personal check. All fees are deposited upon receipt, and are non-refundable. Deposit of the fee does not mean your application has been accepted or approved.
- ❑ **Proof of Fingerprinting:** A fingerprint receipt from the State's approved fingerprinting vendor (IdentoGO) must be attached to this application unless fingerprints were taken at a law enforcement agency outside of Missouri. (See Fingerprint Instruction section below for Out-of-State Applicant instructions.)
- ❑ **A 2" X 2" head and shoulders photo** of the applicant. Photo must be attached to the application in the photo box provided.
- ❑ **Mail Application To:** Missouri Board of Pharmacy, PO Box 625, Jefferson City, MO 65102.

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



If your application is approved, an intern license will be issued and your license number and status will be available on the Board's website. The Board allows applicants to use the website as proof of licensure until your printed license is received from the Board office. Your license will be mailed to the applicant address listed on your application. Please allow 3-5 days for mailing.

FINGERPRINT INSTRUCTIONS

To complete your application, you must be fingerprinted and undergo a criminal history background check. Fingerprinting must be conducted by IdentGO, the Board's approved fingerprinting vendor. To be fingerprinted, complete the following steps:

Table with 2 columns: Step number and description of the step. Steps include: 1. Register on MACHS website; 2. Receive TCN number; 3. Find fingerprint location; 4. Take TCN and ID to location; 5. Pay fee and get prints; 6. Submit receipt.

Out-of-State Applicants: If you are outside of the state and cannot drive to a Missouri fingerprint location, please register with MACHS as indicated above and make payment online. You will then need to go to a law enforcement agency and complete two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. Write Registration Number: 0003 on your fingerprint card. Write your TCN number on the back of your fingerprint cards. Mail your cards to: IdentGo, CardScan Department, 6840 Carothers Parkway, Suite 650, Franklin, TN 37067. Fingerprint cards should not be mailed to the Board. Mailed fingerprint cards take longer to process; expect longer processing times.

Click here or visit the Board's website to learn more about the fingerprint process.

QUESTIONS

Questions regarding this Intern Pharmacist Application may be addressed to:

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



# Missouri Intern Pharmacist Application

## MISSOURI INTERN PHARMACIST APPLICATION

<b>ATTACH 2" X 2" PHOTO HERE</b>  <b>Head &amp; Shoulders Only</b>	<b>STATE OF MISSOURI</b> DIVISION OF PROFESSIONAL REGISTRATION <b>MISSOURI BOARD OF PHARMACY</b>	<b>MAILING ADDRESS:</b> MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	FOR OFFICE USE ONLY
		<b>OVERNIGHT ADDRESS:</b> 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	LICENSE #
			ISSUE DATE
			VOID DATE
	- SEE INSTRUCTIONS FOR COMPLETION OF THIS FORM AND FINGERPRINT REQUIREMENTS - <b>APPLICATION FEE: \$50</b> - KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS - QUESTIONS: E-MAIL: <a href="mailto:intern@pr.mo.gov">intern@pr.mo.gov</a> or call (573) 751-0092		RECEIVED DATE

APPLICANT INFORMATION			
APPLICANT NAME (LAST)	(FIRST)	(MIDDLE)	(MAIDEN)
ADDRESS (STREET)			(CITY) (STATE) (ZIP)
DATE OF BIRTH (MM/DD/YYYY)	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	CONTACT TELEPHONE NUMBER
E-MAIL ADDRESS			

PHARMACY COLLEGE AFFIDAVIT <i>(to be completed by pharmacy school)</i>	
<i>The Pharmacy College Affidavit section of the Application must be completed by your pharmacy school. Alternatively, a separate verification letter may be submitted from your school attesting to all affidavit information. Verification letters must be on school letterhead and bear the appropriate school seal. Your application will not be deemed complete until the Affidavit/verification letter has been received.</i>	
<b>The undersigned hereby certifies that the above named applicant is enrolled in or has graduated from the following:</b>	
NAME OF PHARMACY SCHOOL/COLLEGE	GRADUATION DATE, IF APPLICABLE (MM/DD/YYYY)
SCHOOL ADDRESS (STREET) (CITY) (STATE) (ZIP)	DEGREE CONFERRED (IF APPLICABLE) <input type="checkbox"/> B.S. <input type="checkbox"/> PharmD. <input type="checkbox"/> Other _____
DEAN OR REGISTRAR SIGNATURE	TITLE
PRINT NAME	DATE
	SCHOOL SEAL <i>(attach school seal below)</i>



**CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS AND STATUS**

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

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

- 1. Do you have any felony or misdemeanor criminal charges pending against you in Missouri or in any other state, country or court (including federal court)?  YES  NO
- 2. Have you ever been found guilty or entered a plea of guilty or nolo contendere to a felony or misdemeanor in Missouri or in any other state, country or court (including federal court)?  YES  NO
- 3. Have you received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri or in any other state, country or court (including federal court)?  YES  NO
- 4. Are you now charged or have you ever been found guilty of or entered a plea of guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol in any state, country or court (including a municipal court) whether or not sentence was imposed or a suspended imposition of sentence (SIS) was received? (i.e., DUI, DWI, etc.)  YES  NO
- 5. Have you ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate denied in this state, or any other state or country? (*If yes, copies of any denial documents must be provided*)  YES  NO
- 6. Have you ever had a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate disciplined in this state or in any other state or country? (*If yes, copies of any disciplinary documents must be provided*)  YES  NO
- 7. Have you ever voluntarily surrendered a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate in lieu of discipline or while a complaint /investigation was pending?  YES  NO
- 8. Are you now using any drug, controlled substance or alcoholic beverage to an extent that such use may impair your ability to perform the work of a pharmacist?  YES  NO
- 9. Are you currently addicted to or dependent on alcohol or any drug (controlled or non-controlled) or other substance?  YES  NO
- 10. In the past 10 years, have you been addicted to or dependent on alcohol or any drug (controlled or non-controlled) or other substance)?  YES  NO
- 11. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice pharmacy in a safe and competent manner?  YES  NO
- 12. In the past 10 years, have you ever been adjudged insane or incompetent by or in any state, court or country?  YES  NO
- 13. Are you now or have you ever been required by any state or federal court or by any state, federal or municipal law to  YES  NO



# Missouri Intern Pharmacist Application

register as a sex offender?

14. Are you now or have you ever been placed on the List of Excluded Individuals and Entities maintained by the U.S. Department of Health and Human Services, Office of Inspector General (also known as the "OIG Exclusion List")?  YES  NO

15. Are you now or have you ever been placed on the Employee Disqualification List maintained by the Missouri Department of Health and Senior Services or the Missouri Department of Mental Health (even if a waiver has been granted)?  YES  NO

### TAX COMPLIANCE

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

#### Pursuant to Section 324.010, RSMo:

Were you a Missouri resident in any of the last 3 years?  YES  NO

Did you have any Missouri income in any of the last 3 years?  YES  NO

Were you subject to Missouri income tax in any of the last 3 years?  YES  NO

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

### APPLICANT AFFIDAVIT

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

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

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