STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

THIRD-PARTY LOGISTICS PROVIDER (3PL) MANAGER-IN-CHARGE CHANGE APPLICATION

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

1. This application must be completed in its entirety, signed and notarized. Incomplete applications will be rejected.
2. **$ 50.00 APPLICATION FEE MUST BE SUBMITTED WITH THIS FORM.** Checks or money orders must be signed and made payable to: Missouri Board of Pharmacy. **FEES ARE NON-REFUNDABLE**
3. KEEP A COPY OF COMPLETED APPLICATION FOR YOUR RECORDS
4. Questions regarding this form should be submitted to: pharmacy@pr.mo.gov or (573) 751-0091.

FOR OFFICE USE ONLY

LICENSE REQUESTED	LICENSE MAILED

INSPECTOR

EFFECTIVE DATE OF CHANGE

NAME OF FACILITY	FACILITY LICENSE NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)

FORMER MANAGER-IN-CHARGE

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

MANAGER-IN-CHARGE E-MAIL ADDRESS

NEW MANAGER-IN-CHARGE (MIC) EMPLOYMENT HISTORY. Provide MIC employment information for the past seven (7) years or attach a resume showing the designated MIC meets the education and/or training requirements of 20 CSR 2220-8.045 which provides:

At a minimum, the Manager-In-Charge must have at least two (2) years of education/experience in third-party logistics provider or drug distribution standards of operation or legal/compliance requirements. Education beyond a high school diploma or its equivalent may be used to meet these minimum requirements.

COMPANY NAME	CITY/STATE	JOB TITLE/POSITION HELD	DATES

SECTION B: 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.

- **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 a Suspended Imposition of Sentence ("SIS") or Suspended Execution of Sentence ("SES") has been received. 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 a SIS or a SES.
- If you answer "yes" to any of the criminal history questions, you must provide court documents that show the dates, charges and dispositions of your arrests/convictions. This typically includes copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case.
- *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. Has the designated Manager-In-Charge 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
2. Does the designated Manager-In-Charge currently have any felony or misdemeanor criminal charges pending against them in Missouri or in any other state, country or court (including federal court)? ☐ YES ☐ NO
3. Has the designated Manager-In-Charge ever 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. Has the designated Manager-In-Charge ever been, or is now, addicted to any drugs, controlled substances or alcoholic beverages? ☐ YES ☐ NO
5. Has the designated Manager-In-Charge ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor, third-party logistics provider or any other healthcare registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? *(If yes, copies of any denial/refusal/disciplinary documents must be provided)* ☐ YES ☐ NO
6. Has the designated Manager-In-Charge ever had any controlled substance registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? *(If yes, copies of any denial/ refusal/disciplinary documents must be provided)* ☐ YES ☐ NO
7. Has the designated Manager-In-Charge ever been adjudged insane or incompetent by or in any state, court or country? ☐ YES ☐ NO

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 2220-8.045(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)		

Michael L. Parson
Governor
State of Missouri

Sheila Solon Acting Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
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 TIY 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.

3PL/FACILITY 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	

Missouri Third-Party Logistic Provider (3PL) Application

MANAGER-IN-CHARGE (MIC) STATEMENT

(Must be completed by the designated manager-in-charge)

LICENSE/FACILITY NAME				
FACILITY ADDRESS	**(STREET)**	**(CITY)**	**(STATE)**	**(ZIP)**
DESIGNATED MANAGER-IN-CHARGE NAME		**DESIGNATED MANAGER-IN-CHARGE PHONE #**		
DESIGNATED MANAGER-IN-CHARGE E-MAIL ADDRESS				

ATTESTATION

I_____do solemnly swear or affirm that:

1. I agree that I will serve as the Manager-in-Charge of the third-party logistics provider (3PL) identified in this application. ☐ YES
2. I agree that I meet the Manager-in-Charge experience requirements as identified in 20 CSR 2220-8.045(2). ☐ YES
3. I understand that the 3PL license will be issued to the applicant with my name appearing as Manager-in-Charge. ☐ YES
4. I understand that I am personally responsible for ensuring the 3PL's compliance with all applicable state and federal law governing controlled substances and 3PL activity. ☐ YES
5. I understand and agree that as Manager-in-Charge, I must be physically present at the 3PL facility during normal business hours, except for absences due to illness, scheduled vacations or other authorized absences. ☐ YES
6. If my designation as Manager-in-Charge is ended/changed for any reason, I will immediately notify the Missouri Board of Pharmacy. ☐ YES

All this I affirm under penalty of perjury.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

SIGNATURE OF PROPOSED MANAGER-IN-CHARGE	PHARMACIST LICENSE # (IF APPLICABLE)	
PRINT NAME	DATE SIGNED	
NOTARY PUBLIC EMBOSSER OF BLACK INK RUBBER SEAL STAMP	STATE SUBSCRIBED AND SWORN BEFORE ME, THIS _____DAY OF_____YEAR _____	COUNTY (OR CITY OF ST. LOUIS)

The State of Missouri is grateful to all service members, Veterans, and their families. Words cannot convey Missouri's appreciation for your dedication and sacrifice. We truly appreciate everything you do for our country and the great state of Missouri.

For your convenience, we have put together a few services and resources available to the military-connected community in Missouri.

Missouri Benefits and Resource Portal

The Missouri Veterans Commission has created a portal to serve as an informational tool and service guide to help service members, Veterans, and their families find benefits and local resources.

www.veteranbenefits.mo.gov
573-522-4061

U.S. Department of Veterans Affairs (VA)

The VA can support you and your loved ones in different ways throughout your life. If eligible, they offer a wide array services like health care, housing, employment, education and more.

www.va.gov
800-698-2411

Veterans Reimbursement for Licensing Exams

Veterans taking professional state licensing or certification examinations required by the Department of Commerce & Insurance (DCI) can be reimbursed for the cost of the exam. Visit the Missouri Department of Elementary and Secondary Education's **Veterans Education website** at https://dese.mo.gov/adult-learning-rehabilitation-services/veterans-education/licensure-certification-test-benefits to learn more about how the GI Bill can pay the cost of a license or certification test.

If you or someone you know is in crisis please call

Veterans Crisis Line
1-800-273-8255 PRESS 1
or text 838255