MISSOURI DRUG OUTSOURCER (RESIDENT & NON-RESIDENT) APPLICATION & INSTRUCTIONS

IMPORTANT INFORMATION:

- Complete this application if you are applying for a new drug outsourcer license (resident & non-resident). A different application is required if the drug outsourcer is changing names, location or ownership. Forms are available online at http://pr.mo.gov/pharmacists-forms.asp.
- Drug outsourcer applicants must be registered with the United States Food & Drug Administration (FDA) as a section 503(b) drug outsourcer (*see 21 U.S.C. Section 353b of the federal Drug Quality and Security Act*).
- Please allow **4-6 weeks** for your application to be processed.
- Your drug outsourcer license will be reflected on the Board's website within twenty-four (24) hours after the license has been issued. The license will be mailed to the facility's physical address listed on the application. Please allow 5-10 days for mailing.
- Questions regarding this application may be sent to drugdistributor@pr.mo.gov or (573) 526-6985.
- Keep a copy of the completed application for your records.
- **INCOMPLETE APPLICATIONS WILL BE REJECTED.**

You can now apply for a license online via the MOPRO licensing portal.
Visit the Board's website at: https://pr.mo.gov/pharmacists-forms.asp to file an online application in lieu of a paper application.

OVERVIEW OF DRUG OUTSOURCER LICENSING

▶ **STEP 1:**	• Submit a completed Missouri Drug Outsourcer Application, along with the $ 360.00 application fee.
▶ **STEP 2:**	• **Resident Applicants:** Drug outsourcer facilities located in Missouri must schedule and pass a Board inspection. Instructions for scheduling an inspection will be mailed to you after your application is received. You are responsible for contacting the inspector to schedule your inspection. Do not contact the inspector prior to receiving your Inspection Scheduling Letter. In most instances, the inspector will give you a license number immediately after the facility has passed inspection. • **Non-Resident Applicants:** Facilities that will not be located in Missouri must submit a copy of their most recent state inspection and, if available, a copy of the facility's most recent FDA inspection. The state inspection must have occurred within the last eighteen (18) months.
▶ **STEP 3:**	• Your license will be mailed to the facility's address after approval. Please allow 5-10 days for mailing.

APPLICATION CHECKLIST/INSTRUCTIONS

- ☐ **Completed and signed application form**. Incomplete applications will be returned for correction.
- ☐ **Application fee of $360.00** made payable to the Missouri Board of Pharmacy. All fees are deposited upon receipt and are **non-refundable**. A deposited fee does not indicate that the application has been accepted or approved.
- ☐ **Business Entity State Tax Compliance Form**: A "Business Entity State Tax Compliance Form" is included with this application. This application will not be accepted without a Business Entity State Tax Compliance Form.
- ☐ **Certificate of No Tax Due**: Missouri law requires that any business being licensed by the state must provide a Certificate of No Tax Due from the Missouri Department of Revenue if the business engages in retail sales other than prescriptions. Certificates may be obtained at http://dor.mo.gov/business/sales/notaxdue/. Questions about obtaining a Certificate of No Tax Due should be addressed to the Missouri Department of Revenue at (573) 751-9268. *Note: A Certificate is not required if the Business Entity State Tax Compliance Form is marked to identify that the applicant does not engage in the sale of goods at retail.*
- ☐ **Supervising Pharmacist Statement:** The statement must be signed and notarized by the designated supervising pharmacist.
- ☐ **Supervising Pharmacist License Verification**: An official state license verification for the designated Supervising Pharmacist must be submitted with this application if the Supervising Pharmacist is not a Missouri licensed pharmacist (see sample form attached). Other state verification forms are acceptable if issued by your state regulatory agency. An Online primary source verification from the state's official website is also acceptable in lieu of this form if the verification shows disciplinary history. Licensure verification is not required if the Supervising Pharmacist is also a Missouri licensed pharmacist.
- ☐ **FDA Registration:** Proof of the applicant's section 503(b) drug outsourcer registration issued by the FDA. You are not eligible for licensure in Missouri if the facility is not an FDA registered 503(b) drug outsourcer.
- ☐ **FDA Inspection Report**: A copy of the FDA's most recent FDA 503(b) inspection report must be submitted, if available.
- ☐ **Subscribe to Board's electronic newsletter/e-alerts**: The Board provides important regulatory news and licensing updates via its electronic newsletter and specially issued e-alerts. Sign up for the Board's newsletter and e-alerts online at: https://pr.mo.gov/pharmacists.asp.

NON-RESIDENT APPLICANTS:

(Non-Residents applicants must also submit the following)

- ☐ **State License:** Provide a copy of the applicant's drug outsourcer license issued by the state/jurisdiction where the drug outsourcing facility is physically located. You are not eligible for licensure in Missouri if the facility is not licensed as a drug outsourcer or its equivalent in the state/jurisdiction where the facility is located.
- ☐ **Non-Resident Verification Affidavit**: An official state license verification must be submitted with this application for the drug outsourcer facility (see sample form attached). Other state verification forms are acceptable if issued by your state regulatory agency. An Online primary source verification from the state's official website is also acceptable in lieu of this form if the verification shows disciplinary history.
- ☐ **State Inspection**: A copy of the facility's most recent inspection report from the state board of pharmacy or its equivalent state/foreign regulatory body must be submitted. The inspection must have occurred within the last eighteen (18) months.

☐ **Copy of state controlled substance registration**: Not required if your state/jurisdiction does not issue a separate controlled substance registration or if the applicant will not dispense or distribute controlled substances in Missouri. Check applicable box in Section A of this Application.

☐ **Copy of federal controlled substance registration**: Not required if the applicant will not dispense or distribute controlled substances in Missouri. Check applicable box in Section A of this Application.

The applicant should also obtain and submit applications to the following agencies (as applicable):

- □ **Missouri Department of Revenue (Taxation)** (573) 751-5860
  Div. of Taxation, Office of Registration
  P.O. Box 3300, Jefferson City, MO 65102

- □ **Bureau of Narcotics and Dangerous Drugs** (State Controlled Substances)** (573) 751-6321
  P.O. Box 570, Jefferson City, MO 65102

- □ **Drug Enforcement Administration** (Federal Controlled Substances)** (913) 951-4100
  7600 College Blvd, Suite 100, Overland Park, KS 66210/

  Drug Enforcement Administration** (314) 538-4600
  317 South 16th Street, Saint Louis, MO 63103 (888) 803-1179

(Requests for DEA Order Forms to purchase Schedule II drugs should be made on the DEA application.)

*** The Missouri Bureau of Narcotics and Dangerous Drugs ("BNDD") and the Drug Enforcement Administration will generally hold processing their applications until the Board of Pharmacy has issued a license. During the inspection, the Board's inspector will verify that the drug outsourcer facility has a Missouri Sales Tax License and will review security arrangements to assure proper storage. Unless cause exists for delaying or preventing BNDD from issuing a registration, BNDD will issue a Missouri Controlled Substance Registration Number after the Board's drug outsourcer license has been issued. The applicant will be notified that a BNDD registration number has been issued. BNDD will subsequently notify DEA to approve the federal registration. The federal Certificate of Registration is issued from Washington, D.C.*

MISSOURI DRUG OUTSOURCER LICENSE APPLICATION

SUBMIT THIS COMPLETED APPLICATION TO:

MAILING ADDRESS
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102

OVERNIGHT ADDRESS
MISSOURI BOARD OF PHARMACY
3605 MISSOURI BOULEVARD JEFFERSON CITY, MO 65109

- ✓ SEE INSTRUCTION SHEET FOR COMPLETION OF THIS FORM
- ✓ **$360.00 APPLICATION FEE. FEE IS NON-REFUNDABLE**
- ✓ KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS

FOR OFFICE USE ONLY		
LICENSE #		
DATE TEMP MAILED	DATE TEMP ISSUED	APPROVED BY
DATE PERM MAILED	DATE PERM ISSUED	INSPECTOR
NOTES		

SECTION A: APPLICANT INFORMATION

Provide information in this section about the drug outsourcer facility. You will only be authorized to operate as a drug outsourcer in Missouri under the name and address listed below.

DRUG OUTSOURCER NAME ***(Provide the official drug outsourcer name. This name will be shown on the drug outsourcer's license)***

DRUG OUTSOURCER DBA NAME ***(If applicable)***

FACILITY ADDRESS **(STREET)** **(CITY)** **(STATE)** **(ZIP)**

FACILITY TELEPHONE #	**FACILITY FAX #**	**FACILTY E-MAIL ADDRESS**

FACILITY FEDERAL EMPLOYER ID NUMBER (FEIN)	**MISSOURI SEC. OF STATE BUSINESS REGISTRATION #** *(If applicable)*

FACILITY WEBSITE (IF APPLICABLE)

Supervising Pharmacist: *Drug outsourcer operations must be conducted under the supervision of a properly designated supervising pharmacist who is licensed as a pharmacist in Missouri or U.S. state or territory. The attached Supervising Pharmacist Statement must be submitted with this application.*

NAME OF DESIGNATED SUPERVISING PHARMACIST	**STATE WHERE SUPERVISING PHARMACIST IS LICENSED**
SUPERVISING PHARMACIST LICENSE #	**IS THE PHARMACIST LICENSE CURRENT AND ACTIVE?** ☐ YES ☐ NO

CONTROLLED SUBSTANCES:

Will the drug outsourcer dispense controlled substances into Missouri? ☐ **YES** ☐ **NO**

If **YES**, copies of the applicant's state and federal controlled substance registrations/licenses must be submitted with this application. Check below if the applicable state does not issue a separate controlled substance registration/license

☐ I hereby attest and certify that the drug outsourcer's licensing state does not issue a separate controlled substance registration. I further certify the drug outsourcer identified above is legally authorized to dispense, procure, possess or store controlled substances at the address designated herein. *Proof of state controlled substance registration is not required if checked*.

SECTION B: OWNERSHIP INFORMATION

*Provide ownership information for the drug outsourcer. The owner listed below will be deemed the **official licensee** of record authorized to operate the drug outsourcing facility identified in Section A.*

OWNER NAME (ENTITY/INDIVIDUAL)

ADDRESS **(STREET)** **(CITY)** **(STATE)** **(ZIP)**

TELEPHONE #	**FAX #**	**E-MAIL ADDRESS**

OWNER TYPE:

THE ABOVE OWNER IS A:

☐ Individual/Sole Proprietorship ☐ Corporation ☐ LLC ☐ LP/LLP ☐ Partnership
☐ Government/Tribal Agency ☐ Other _____

OFFICIAL MAILING ADDRESS: *This address will be used as the mailing address for official Board communications, including, legal notices. Note: Renewal notices will be mailed to the drug outsourcer's physical address.*

OFFICIAL MAILING ADDRESS **(STREET)** **(CITY)** **(STATE)** **(ZIP)**

List the name of all officers, owners, partners or members for the owner listed above. If the owner is a government or tribal agency, list the names of any agency managers or directors connected with the applicant. Attach a separate sheet if necessary.

NAME	TITLE	ADDRESS	SSN

REGISTERED AGENT: *Non-resident applicants must designate a registered agent located in Missouri for service of process. If a registered agent is not provided, the Missouri Secretary of State will automatically be designated as the licensee's true and lawful attorney for service of process as authorized by law.*

REGISTERED AGENT NAME	POSITION/TITLE

REGISTERED AGENT MAILING ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)

REGISTERED AGENT CONTACT TELEPHONE #	CONTACT FAX #

REGISTERED AGENT E-MAIL ADDRESS

- *All applicants must submit a copy of their most recent FDA 503(B) inspection report, if available*
- *Non-resident applicants must also submit a copy of the facility's most recent inspection report from the state board of pharmacy or its equivalent state/foreign regulatory body. The inspection must have occurred within the last eighteen (18) months. ***See 20 CSR 2220-8.020 and 20 CSR 2220-8.030 for additional information****

SECTION C: CHARGES, CONVICTIONS & DISCIPLINARY ACTIONS (*All questions must be answered)*

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 any owner, partner, officer or the supervising pharmacist 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 any owner, partner, officer or the supervising pharmacist 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 any owner, partner, officer or the supervising pharmacist 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 any owner, partner, officer or the supervising pharmacist 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 (SIS) or a suspended execution of sentence (SES) was received? ☐ YES ☐ NO

5. Has any owner, partner, officer or the supervising pharmacist ever been, or is now, addicted to any drugs, controlled substances or alcoholic beverages? ☐ YES ☐ NO

6. Has any owner, partner, officer or the supervising pharmacist ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor, third-party logistics provider, drug outsourcer 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

7. Has any owner, partner, officer or the supervising pharmacist 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

8. Has any owner, partner, officer or the supervising pharmacist ever been adjudged insane or incompetent by or in any state, country or court? ☐ YES ☐ NO

SECTION D: TAX COMPLIANCE

Missouri law requires that the Board verify compliance with designated state sales and withholding tax laws before issuing certain professional licenses or permits that are required to conduct business in this state. Except as otherwise provided below, this application will not be processed unless you provide:

- ☐ **Business Entity State Tax Compliance Form** (attached to this application)**.**
- ☐ **A Certificate of No Tax Due** *(required for businesses that engage in retail sales other than prescriptions)***.** Missouri law requires that any business being licensed by the state must provide a Certificate of No Tax Due from the Missouri Department of Revenue if the business engages in retail sales other than prescriptions. Certificates may be obtained online at http://dor.mo.gov/business/sales/notaxdue/. Questions about obtaining a Certificate should be addressed to the Missouri Department of Revenue at (573) 751-9268. *Note: A Certificate is not required if the Business Entity State Tax Compliance Form is marked to identify that the applicant does not engage in the sale of goods at retail.*

Individuals/Sole Proprietors must also complete the following:

PURSUANT TO SECTION 324.010, RSMo:

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

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

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

All tax questions must be completed. False statements are subject to criminal penalties and/or license discipline. Questions regarding income taxes should be sent to the Department of Revenue at (573) 751-7200 or e-mailed to income@dor.mo.gov.

MILITARY BENEFITS/SERVICE

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ YES ☐ NO

Would you like to receive information and assistance regarding veterans benefits and services? ☐ YES ☐ NO

May the agency share your contact information with the Missouri Veterans Commission to provide such information? General information may also be found on the Missouri Veterans Commission's website https://mvc.dps.mo.gov/.

☐ YES ☐ NO

SECTION E: APPLICANT AFFIDAVIT

This affidavit must be signed by a partner, corporate officer, or the sole proprietor named in this application. Alternatively, the application may be signed by a person with a designated power of attorney who is authorized to sign and submit this application on the applicant's behalf. Proof of the designated power of attorney must be submitted with this application.

This application is hereby submitted on behalf of the drug outsourcer facility identified herein. I attest the foregoing application has been completed truthfully and accurately to the best of my knowledge and belief. I am making this affidavit knowing that any false statements or material omission may subject me or the entity identified herein to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that the applicant/drug outsourcer must comply with all applicable federal and state law(s) as well as the regulations of the Missouri Board of Pharmacy. I attest and understand that the drug outsourcer shall maintain a supervising pharmacist for the facility and that all drug outsourcer activities shall be conducted and operated in full compliance with state and federal laws and regulations. I hereby certify under penalty of perjury that the information and answers contained in this application and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	**TITLE**
PRINT NAME	**DATE**

SECTION F: APPLICATION CONTACT PERSON

Please provide a contact person for questions from the Board office regarding this license application.

CONTACT NAME			**POSITION/TITLE**	
CONTACT MAILING ADDRESS	**(STREET)**	**(CITY)**	**(STATE)**	**(ZIP)**
CONTACT TELEPHONE #			**CONTACT FAX #**	
CONTACT E-MAIL ADDRESS				

SUPERVISING PHARMACIST STATEMENT

(Must be completed by the designated supervising pharmacist)

DRUG OUTSOURCER NAME				
FACILITY ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
DESIGNATED SUPERVISING PHARMACIST NAME		DESIGNATED SUPERVISING PHARMACIST PHONE #		
DESIGNATED SUPERVISING PHARMACIST E-MAIL ADDRESS				

ATTESTATION

I_____do solemnly swear or affirm that:

1. I agree that I will serve as the supervising pharmacist of the drug outsourcer (drug outsourcer) identified in this application. ☐ YES
2. I hold a current and active pharmacist license in a U.S. state or territory. ☐ YES
3. I understand that the drug outsourcer license will be issued to the applicant with my name appearing as supervising pharmacist. ☐ YES
4. I understand that I am personally responsible for ensuring the drug outsourcer's compliance with all applicable state and federal law governing controlled substances and drug outsourcer activity. ☐ YES
5. If my designation as supervising pharmacist 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 SUPERVISING PHARMACIST	PHARMACIST LICENSE #	
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)

Missouri Division of Professional Registration

MISSOURI BOARD OF PHARMACY

BUSINESS ENTITY STATE TAX COMPLIANCE FORM

Missouri state law requires that businesses engaged in the retail sale of goods must possess a No Tax Due letter from the Department of Revenue at the time of licensing. Section 114.083.4 RSMo. states:

> In addition to the provisions of subsection 2 of this section, beginning January 1, 2009, **the possession of a statement from the department of revenue stating no tax is due under sections 143.191 to 143.265, RSMo, or sections 144.010 to 144.510 shall also be a prerequisite to the issuance or renewal of** any city or county occupation license or **any state license required for conducting any business where goods are sold at retail**. The statement of no tax due shall be dated no longer than ninety days before the date of submission for application or renewal of the city or county license.

You may obtain a tax clearance letter by visiting http://dor.mo.gov/tax/business/sales/notaxdue/index.htm, e-mailing mailto:taxclearance@dor.mo.gov, or calling the Department of Revenue at (573) 751-9268.

Compliance Statement

PLEASE SELECT ONE OF THE FOLLOWING:

☐ This business engages in the sale of goods at retail and has filed and paid all of its sales tax obligations. Please provide a copy of your Missouri No Tax Due compliance letter or provide your 8-digit Missouri state tax ID number below.
Missouri state tax number _____

☐ This business does not engage in the sale of goods at retail (other than prescriptions).

WARNING: Statements made on this form are subject to audit. A false statement on this form subjects the license to discipline. Any person who makes a false statement on this form, and the business for which the false statement is made, are subject to criminal penalties for misleading a public servant. § 575.060 RSMo.

Name of Entity:_____

Signature:_____ Title: _____
(Owner, President, Partner)

Print Name:_____ Date: _____

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

DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

NON-RESIDENT ENTITY LICENSE VERIFICATION AFFIDAVIT

APPLICANT

1. Complete items 1-6 only. The remaining portion of the form should be completed by your regulatory licensing agency. An Online primary source verification from the state's official website is acceptable in lieu of this form if the verification shows disciplinary history.
2. Forward the forms to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.
3. DO NOT RETURN the forms to the Missouri Board of Pharmacy unless they have been completed by the state in which you are located.

ORIGINALS ARE REQUIRED WITH BOARD SEAL – COPIES WILL NOT BE ACCEPTED

1. **3PL/DRUG OUTSOURCER DBA NAME**	LICENSE NUMBER

2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. APPLICANT NAME (CORPORATION, PARTNERSHIP, SOLE PROPRIETOR, LLC, LLP)

4. I HEREBY AUTHORIZE THE _____ *(STATE TO WHICH SENDING FORM)* TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.

5. SIGNATURE OF SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER OF APPLICANT	6. PRINT NAME

DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY

LICENSE NUMBER	LICENSE STATUS	DATE LICENSE ISSUED	DATE LICENSE EXPIRES

HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY?	TYPE OF DISCIPLINE			
☐ YES ☐ NO	☐ REVOKED	☐ SUSPENDED	☐ PROBATION	☐ CENSURE
	☐ LIMITED	☐ RESTRICTED	☐ SURRENDERED	

ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS

ATTACH COPY OF MOST RECENT INSPECTION REPORT CONDUCTED BY HOME STATE BOARD OF PHARMACY

BOARD SEAL AREA *(AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)*	**RETURN COMPLETED FORM TO:**
	MISSOURI BOARD OF PHARMACY P.O. BOX 625 JEFFERSON CITY, MO 65102

SIGNATURE	TITLE	STATE	DATE

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

DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

PHARMACIST LICENSE VERIFICATION AFFIDAVIT

APPLICANT

1. Complete items 1-6 only. The remaining portion of the form should be completed by your regulatory licensing agency. An Online primary source verification from the state's official website is acceptable in lieu of this form if the verification shows disciplinary history.
2. Forward the forms to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.
3. DO NOT RETURN the forms to the Missouri Board of Pharmacy unless they have been completed by the state in which you are located.

ORIGINALS ARE REQUIRED WITH BOARD SEAL – COPIES WILL NOT BE ACCEPTED

1. **SUPERVISING PHARMACIST NAME**	LICENSE NUMBER

2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. **DRUG OUTSOURCER FACILITY NAME**

4. **DRUG OUTSOURCER FACILITY ADDRESS**

5. I HEREBY AUTHORIZE THE _____ *(STATE TO WHICH SENDING FORM)* TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.

6. SIGNATURE OF SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER OF APPLICANT	PRINT NAME

DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY

LICENSE NUMBER	LICENSE STATUS	DATE LICENSE ISSUED	DATE LICENSE EXPIRES

HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY?	TYPE OF DISCIPLINE
☐ YES ☐ NO	☐ REVOKED ☐ SUSPENDED ☐ PROBATION ☐ CENSURE ☐ LIMITED ☐ RESTRICTED ☐ SURRENDERED

ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS

BOARD SEAL AREA *(AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)*	**RETURN COMPLETED FORM TO:** MISSOURI BOARD OF PHARMACY P.O. BOX 625 JEFFERSON CITY, MO 65102

SIGNATURE	TITLE	STATE	DATE