MISSOURI DRUG OUTSOURCER (CHANGE OF OWNERSHIP) APPLICATION & FAQ

IMPORTANT INFORMATION:

- Submit this application if you are applying to change ownership for a Drug Outsourcer. A different form is required if the facility is changing location or changing names. Forms are available online at http://pr.mo.gov/pharmacists-forms.asp.
- **Drug Outsourcer licenses are not transferable**. You may not begin operating under the new ownership until a temporary or permanent license has been issued for the new owners (*see below).*
- Please allow **4-6 weeks** for your application to be processed. Keep a copy of the completed application for your records.
- Questions regarding this application may be sent to pharmacy@pr.mo.gov or (573) 526-6985 (phone) or (573) 526-3464 (fax). Please limit phone calls to the extent necessary.

Drug Outsourcer change of ownership applications can now be submitted online via the MOPRO licensing portal. Visit https://mopro.mo.gov/license/s/ to file an online application.

OVERVIEW OF IN-STATE CHANGE OF OWNERSHIP PROCESS

▶ **STEP 1:**	Submit a completed Change of Ownership Application and the required $ 360.00 application fee.
▶ **STEP 2:**	Notify the Board office that the change of ownership has been completed. Notification can be made by calling (573) 526—6985 or e-mailing pharmacy@pr.mo.gov. **Drug Outsourcer licenses are not transferable.** The facility may not begin operating under the new ownership until a temporary/permanent license has been issued.
▶ **STEP 3:**	A temporary drug outsourcer license will be issued when you notify the Board office that the change of ownership has been completed. • A temporary license number cannot be issued until the Prior Owner Affidavit has been completed and returned. Once a temporary license is issued, the prior license will be deemed null and void and will be officially terminated. • You may begin operating under the new ownership once a temporary license has been issued. The temporary license number will be reflected on the Board's website within twenty-four (24) hours after issuance. Temporary license numbers can also be provided by the office over the phone or e-mailed. • Temporary licenses expire within six (6) months. • *The Board reserves the right to withhold a temporary license pending further investigation or inquiry.*
▶ **STEP 4:**	• Missouri Facilities: Missouri facilities must be inspected after the change of ownership has been completed to receive a permanent license. The Board office will provide instructions for scheduling an inspection after your temporary license has been issued. • Non-Resident Facilities: Must submit an inspection from your home state/regulatory jurisdiction that occurred within the last eighteen (18) months. Instructions under the prior ownership can be accepted if within the 18-month timeframe.
▶ **STEP 5:**	Final license is approved and issued. The license will be mailed to the facility's physical address. Please allow 3-5 days for mailing. *The Board reserves the right to deny or restrict a permanent license as provided by Missouri law even if a temporary license has been issued.*

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 Affidavit**: An official state license verification for the designated Supervising Pharmacist must be submitted with this application if the designated 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.
- ☐ **Prior Owner Affidavit**: Must be signed, notarized and returned to the Board before a temporary permit is issued.
- ☐ **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.
- ☐ **Board Inspection (Missouri Facilities)**: The Board office will provide instructions for scheduling your inspection after the change of ownership is complete. The facility can be issued a temporary license to continue operations pending passing Board inspection.
- ☐ **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 License Verification Affidavit**: An official state license verification must be submitted with this application for the drug outsourcing 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. A qualifying FDA inspection may also be accepted (see rule 20 CSR 2220-8(2) for additional inspection options).

☐ **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
CHANGE OF OWNERSHIP APPLICATION

Change of ownership applications can now be submitted online via the MOPRO licensing portal.
Visit https://mopro.mo.gov/license/s/ to file an online 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

CURRENT DRUG OUTSOURCER NAME	**CURRENT DRUG OUTSOURCER LICENSE #**
NEW DRUG OUTSOURCER NAME ***(List the new drug outsourcer name after the change of ownership. The outsourcing facility may only operate under the name and address listed below)***	
NEW DRUG OUTSOURCER DBA NAME (If different)	
DRUG OUTSOURCER PHYSICAL ADDRESS (STREET) (CITY) (STATE) (ZIP)	

NEW TELEPHONE #	**NEW FAX #**	**NEW E-MAIL ADDRESS**
FACILITY FEDERAL EMPLOYER ID NUMBER (FEIN)	**MISSOURI SEC. OF STATE BUSINESS REGISTRATION #** *(If applicable)*	
NEW DRUG OUTSOURCER WEBSITE (IF APPLICABLE)		

SUPERVISING PHARMACIST: *Drug outsourcing operations must be conducted at all times under the supervision of a properly designated supervising pharmacist. The attached Supervising Pharmacist Statement must be submitted with this application. License verification is also required if the designated supervising pharmacist is not licensed in Missouri.*

NAME OF DESIGNATED SUPERVISING PHARMACIST	**PHARMACIST LICENSE #**	**LICENSE STATE**

DATE OF OWNERSHIP CHANGE

List the proposed date of ownership change. Answer "unknown" if a date has not been identified. You must notify the Board office when the change of ownership officially occurs by calling (573) 526—6985 or e-mailing pharmacy@pr.mo.gov. A temporary license can be issued once notification of the change is made. The facility may not begin operating under the new ownership until a new temporary/permanent license has been issued for the new owners. ***Drug outsourcer licenses are not transferable.***

PROPOSED DATE OF OWNERSHIP CHANGE	

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.

SECTION E: 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 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			

SECTION G: 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**

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. (Cum Supp 2008) 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: _____

PRIOR OWNER AFFIDAVIT
(THIS SECTION MUST BE COMPLETED BY THE PRIOR OWNERS)

This affidavit must be signed by a partner, corporate officer, or the sole proprietor of the permit holder being purchased, sold or otherwise changing ownership. Alternatively, the application may be signed by a designated power of attorney who is authorized to sign and submit this application on the drug outsourcer's behalf. Proof of the designated power of attorney must be submitted with this application.

NAME OF INDIVIDUAL SUBMITTING THIS AFFIDAVIT	POSITION/TITLE
NAME OF DRUG OUTSOURCER BEING PURCHASED/CHANGING OWNERSHIP	LICENSE #
CONTACT MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
E-MAIL ADDRESS	PHONE #

CHECK:

☐ I hereby request and understand that the Missouri drug outsourcer license number identified herein will be deemed **null and void** after the Board has been notified that the change of ownership is effective.

RECORDS

Complete the following section if the outsourcing records required to be maintained by 20 CSR 2220-8 (i.e.- distribution/outsourcing records) are **not** being transferred to the new owner. Do not complete if required records are being transferred to the new owner.

CONTACT PERSON FOR RECORDS QUESTIONS	CONTACT TELEPHONE #
ADDRESS WHERE THE OUTSOURCING FACILITY'S RECORDS WILL BE STORED/HELD AFTER THE CHANGE OF OWNERSHIP (STREET, CITY, STATE, ZIP)	

ATTESTATION

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 authorizing the individual to sign and submit this application on the drug outsourcer's behalf. Proof of the designated power of attorney form must be submitted with this application.

I _____ do solemnly swear or affirm that I am a partner, corporate officer or the sole proprietor of the drug outsourcing facility identified herein. I hereby request and understand that the Missouri drug outsourcer license number identified herein will be deemed **null and void** on the effective date of the ownership change and terminated by the Board. I understand that no drug outsourcing activities may be performed by or on behalf of the facility under the current license number after the license has been terminated by the Board. All this I affirm under penalty of perjury.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

SIGNATURE	TITLE
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)

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)

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

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