



EMERGENCY PRACTICE NOTIFICATION FORM

IMPORTANT INFORMATION:

- This Emergency Practice Notification Form is provided pursuant to the Board's COVID-19 Supplemental Waiver/Guidance issued on 3/21/20. Please review the guidance prior to submitting this form.
- This form should be submitted by pharmacists or pharmacy technicians licensed in another U.S. state or territory seeking to assist a Missouri licensed pharmacy due to the COVID-19 related State of Emergency declared on March 13, 2020 (see [Executive Order 20-04](#)). You do not have to submit this form if you hold a Missouri pharmacist or pharmacy technician license or registration and will be practicing in the applicable profession.
- Non-resident licensees must hold a current license in the same profession in their home state. Proof of current licensure must be provided to and maintained by the Missouri licensed pharmacy that you will be assisting (e.g., official governmental website verification, copy of current license)
- This completed form can be mailed to the Board office or electronically sent to:
MissouriBOP@pr.mo.gov
Fax: (573) 526-3464
- **No application fee is required.**
- Non-resident licensees may begin practicing once this form is submitted/mailed to the Board office. An official license/registration will not be issued by the Board. Non-resident licensees should maintain a copy of this completed Notification Form in their possession along with proof of mailing/electronic submission. A copy of the completed Notification Form should also be maintained by the Missouri licensed pharmacy that you will be assisting.
- Questions can be addressed to the Board office at (573) 751-0091 or:
pharmacist@pr.mo.gov (pharmacists)
technician@pr.mo.gov (pharmacy technicians)

*****E-MAIL IS PREFERRED*****



EMERGENCY PRACTICE NOTIFICATION FORM

MISSOURI BOARD OF PHARMACY EMERGENCY PRACTICE NOTIFICATION FORM

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102 OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	FOR OFFICE USE ONLY
<ul style="list-style-type: none"> - For faster processing, this form can be e-mailed to MissouriBOP@pr.mo.gov or faxed to: (573) 526-3464 - Due to the State of Emergency, non-resident licensees may begin assisting a Missouri licensed pharmacy once this completed Notification Form is mailed, e-mailed or faxed to the Board office. An official license/registration will not be issued by the Board. - KEEP COPY OF COMPLETED NOTIFICATION FORM FOR YOUR RECORDS - QUESTIONS: E-MAIL: pharmacist@pr.mo.gov or call (573) 751-0092 		RECEIVED DATE:

PERSONAL INFORMATION			
<i>Provide information for the non-resident licensee/registrant who will be assisting with pharmacy services due to the State of Emergency (Executive Order 2020-02 & 2020-04)</i>			
INDIVIDUAL NAME (LAST)	(FIRST)	(MIDDLE)	(MAIDEN)
ADDRESS (STREET)			(CITY)
DATE OF BIRTH (DD/MM/YYYY)		CONTACT TELEPHONE NUMBER	CONTACT E-MAIL ADDRESS
PROFESSION:		U.S. STATE/TERRITORY WHERE LICENSED/REGISTERED	LICENSE/REGISTRATION # IN RESIDENT STATE
<input type="checkbox"/> PHARMACIST <input type="checkbox"/> PHARMACY TECHNICIAN			
IS THE ABOVE NON-RESIDENT LICENSE/REGISTRATION CURRENT AND ACTIVE IN YOUR HOME STATE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "no", you are NOT eligible to provide emergency assistance in the state of Missouri)			

MISSOURI PHARMACY INFORMATION			
NAME OF MISSOURI LICENSED PHARMACY YOU WILL BE ASSISTING DURING THE STATE OF EMERGENCY			MISSOURI PHARMACY PERMIT #
MISSOURI PHARMACY ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
DATE NON-RESIDENT WILL BEGIN ASSISTING FUNCTIONS (MM/DD/YY)			
<i>This section may be left blank if you do not know the Missouri pharmacy that you will be assisting at this time. Non-resident licensees/registrants assisting multiple Missouri pharmacies should list the primary location where you will be practicing. Once this form is submitted, you may assist any Missouri licensed pharmacy subject to Executive Order 20-04 and the Board's COVID-19 Supplemental Waiver/Guidance issued on 3/21/20. Additional Board notification is not required if the pharmacy listed above changes or if you being assisting another Missouri pharmacy. However, a copy of this Notification Form should be maintained/provided to each pharmacy you will be assisting.</i>			

APPLICANT DECLARATION	
By my signature below, I affirm that I have personally completed the foregoing notification form and that all information is true and accurate. I further affirm that I hold a current and active pharmacist/pharmacy technician license or registration in my practicing home state. I understand that <u>my authorization to practice in Missouri or for Missouri patients shall automatically terminate once the State of Emergency identified in Executive Order 2020-04 terminates or the non-resident emergency practice waiver is rescinded by the Board of Pharmacy</u> and that practicing after such termination/rescission will constitute <u>unlawful unlicensed practice which may result in civil and/or criminal action, as authorized by law</u> . I agree to abide by all applicable provisions of state and federal law, including, but not limited to, Chapter 338, RSMo, and the rules of the Board, as amended or duly waived by the Board of Pharmacy.	
SIGNATURE OF APPLICANT	DATE
PRINT NAME	