



STATE BOARD OF PHARMACY

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**LICENSE APPLICATION:
Change in License Status
Form LA-55**

INSTRUCTIONS

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff.

This form is only for pharmacists.

Please complete only one of the sections below.

PHARMACIST LICENSE INFORMATION

First Name	Last Name	Email
Kansas License Number 1-	NABP eProfile ID Number	

CHANGE FROM ACTIVE TO INACTIVE

Change my license status from Active to Inactive effective _____ (date effective).

I understand I cannot practice in Kansas with an inactive status.

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application, that I am not practicing and will not practice pharmacy in the State of Kansas while on inactive status, and that the information provided herein is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

CHANGE FROM INACTIVE TO ACTIVE

Continuing Education

You must complete 30 hours of CE for each biennial inactive renewal up to a maximum of 60 hours. More than 2 inactive renewals must have the 60 hours completed within the past 4 years. Any hours used to reactivate may not be used to meet CE requirements for subsequent renewals.

If you do not have your hours in the CPE monitor, please complete and attach form S-200 or a transcript from an ACPE provider.

If you do not know the date you went inactive, please email pharmacy@ks.gov

Change my license status from Inactive to Active. I have completed the CE required to reactivate my license.

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application, that I have completed all continuing education hours required by law to change my license to active status, and that the information provided herein is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

OFFICE USE ONLY

Initials: _____ License #: _____ Date: _____