STATE BOARD OF PHARMACY
800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

LICENSING APPLICATION: Pharmacist – Reinstatement after Revocation
Form LA-65

INSTRUCTIONS

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

Disclosure of information is voluntary. However, failure to disclose all requested information may result in denial of your application. Applicants have an obligation to update and supplement this information and application responses if changes occur. Failure to do so may result in disciplinary action, including, but not limited to, denial of future licenses.

FEES

Enclose a check or money order payable to the Kansas State Board of Pharmacy for $47 **plus renewal and late fees** (Contact the Board for the amount). Fees are nonrefundable.

SUPPLEMENTAL MATERIAL

Attach a legible copy of your current driver's license or government-issued photo ID. If the name on your ID is different from that shown on your application, you must submit proof of a legal name change (certified copy of marriage license, divorce decree, or court order).

Attach a passport-style and size photo of yourself (head and shoulders) taken no more than 60 days prior to submitting this application.

Attach a completed S-100: KBI/FBI Criminal Background Check Form and a completed Fingerprint Card.

CONTINUING EDUCATION

In order to reinstate your pharmacist license you will be required to submit proof of continuing education. Please provide the following amount of CE certificates as determined by the number of years your license has lapsed (this must include the years of renewal). The CE must have been completed within the last four years. **Complete and attach Form S-200: Continuing Education.**

1 year: 15 hours   2 years: 30 hours   3 years: 45 hours   4 or more years: 60 hours

EXAMINATION

If it has been more than three years since you had a license in Kansas, you may be required to take and pass an examination approved by the board for reinstatement as a pharmacist.

APPLICANT INFORMATION

Kansas Pharmacist License #	Original License Date		License Revocation Date
First Name	Middle Name		Last Name
Name (to be printed on license)		Other Name(s) Used:	
Date of Birth	Birthplace (city, st)	Gender ☐ M ☐ F	Social Security Number*
Permanent Mailing Address			
City	State	Zip	County
Home Phone	Cell Phone		Email

*Your social security number is required pursuant to 42 U.S.C. 666(a)(13), K.S.A. 74-148 and K.S.A. 39-758, and may be provided to the Kansas Department of Revenue or Kansas Department for Children and Families for child support enforcement purposes upon request

Initials: __________   **OFFICE USE ONLY**

Permit #:________________ Fee: $__________ Date:__________ Check #: ________________

Revised 02/17

☐ Yes ☐ No **Are you a United States citizen?**

If no, are you a: (check one)

- ☐ 0061 qualified alien as defined by 8 U.S.C. 1641
- ☐ a nonimmigrant under the Immigration and Nationality Act (8 USCA 1101 et seq.)
- ☐ an alien who is paroled into the United States under 8 USC 1182 (d)(5) for less than one year
- ☐ other: ______________________________

☐ Yes ☐ No **Are you certified to administer immunizations?**

If yes, attach a copy of your immunization certification.
When does your current CPR certification expire? ______________________________

☐ Yes ☐ No **Do you want to register for K-TRACS?**

After you receive account information, you may begin requesting reports. Be sure to keep your password in a safe place and do not share your login information with anyone. If you request registration, you are agreeing that all requests made pursuant to approval of this registration will be used for legitimate purposes. All data obtained from K-TRACS should be treated as Protected Health Information and handled in accordance with all federal and state laws regarding such. HIPAA and other privacy laws affect the disclosure of any data that is obtained. Additionally, inappropriate access or disclosure of patient information received from K-TRACS is a violation of state law, and may result in disciplinary action by the Board of Pharmacy, criminal charges and/or revocation of access privileges.

DISCIPLINARY INFORMATION

Make sure to include information on why your Kansas pharmacist license was revoked.

☐ Yes ☐ No **1.** Has there been a denial, revocation, suspension, voluntary surrender, or any other disciplinary action taken by the State of Kansas or any other jurisdiction against any professional or occupational license or registration held by you?

☐ Yes ☐ No **2.** Have you ever been the subject of any disciplinary action taken against a professional or occupational license or registration?

☐ Yes ☐ No **3.** Are there any pending or unresolved complaints or investigations against you by any licensing authority or professional or occupational association?

☐ Yes ☐ No **4.** Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, DEA, or any other federal or state drug enforcement authority?

☐ Yes ☐ No **5.** Have you been convicted of (includes plea of guilty or no contest) a criminal offense or is there any criminal charge now pending against you (other than minor traffic violations) in any state or federal court whether or not a sentence was imposed, suspended, or diverted? This includes misdemeanors.

☐ Yes ☐ No **6.** Have you ever been pardoned from a felony or misdemeanor criminal conviction?

☐ Yes ☐ No **7.** Have you ever had a felony or misdemeanor conviction expunged from your record?

☐ Yes ☐ No **8.** Have you ever been convicted of (includes plea of guilty or no contest) or charged with a violation of any federal or state drug law(s) or rule(s) whether or not a sentence was imposed, suspended, or diverted?

☐ Yes ☐ No **9.** Are you now or have you in the last five years been treated for a drug or alcohol addiction or participated in any substance abuse rehabilitation program?

☐ Yes ☐ No **10.** Do you currently have an alcohol, drug, or other substance abuse problem?

If yes to any of the above questions, please attach additional Form S-150: Personal History.

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EMPLOYMENT HISTORY

If you have practiced pharmacy since your Kansas license lapsed, name in consecutive order your pharmacy related employment, addresses, and dates of employment. Attach additional pages as needed.

Employer	Address	Dates of Employment (MM/YYYY) From	To
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/

OTHER LICENSES

Provide the state of licensure, date licensed, and whether by reciprocity or examination, and the license number. Please also send verification from each state Board of Pharmacy in the form of a certified letter stating your license is in good standing. Attach additional pages as needed.

State	Date Licensed	Reciprocity or Examination	License #

APPLICANT CERTIFICATION

I certify that I have completed a minimum of one year of pharmaceutical experience as required by K.S.A. 65-1631. I certify that the attached photograph is a true likeness of myself and was taken no more than 60 days prior to submission of this application. I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE ____________________ DATE SIGNED ____________________