

**STATE BOARD OF PHARMACY**800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056**REGISTRATION APPLICATION:  
Pharmacy Intern  
Form LA-03****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 in the amount of \$67.00. You may be eligible for a waiver of the \$47 background check fee (see question at bottom of page 1). 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 completed S-100: KBI/FBI Criminal Background Check Form and a completed Fingerprint Card.

**FOREIGN GRADUATES**

If you are a graduate of a non-accredited pharmacy program located outside of the United States, attach a copy of your FPGE certification from NABP, which includes completion of the FPGE and TOEFL exams.

**PART A: TO BE COMPLETED BY APPLICANT****APPLICANT INFORMATION**

First Name	Middle Name	Last Name	
Social Security Number*		Other Name(s) Used:	
Date of Birth	Birthplace (city, st)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age
Permanent Mailing Address			
City	State	Zip	County
Home Phone	Cell Phone	Email	
NABP eProfile ID (if you have one)			

\*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.

Yes  No **Are you a United States citizen?**  
If no, refer to the federal form I-9 list of acceptable documents and submit a copy of:  
One selection from List A OR A combination of one selection from List B AND one selection from List C

Yes  No **Are you currently registered as a pharmacy technician with the Kansas State Board of Pharmacy?**  
If yes, what is your registration number? \_\_\_\_\_  
If you are currently registered as a pharmacy technician in Kansas and have already provided fingerprints, you may be eligible for a background check waiver (no fingerprints required). Contact the Board (pharmacy@ks.gov) to confirm eligibility for waiver.

Initials: _____	<b>OFFICE USE ONLY</b>		
Permit #: _____	Fee: \$ _____	Date: _____	Check #: _____



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**POST-SECONDARY EDUCATION**

List all undergraduate schools, colleges, or universities attended in chronological order including the current school of pharmacy you are attending. Attach additional pages if necessary.

School Name	Location (City/State/Country)	Period of Attendance (MM/YYYY)		Graduated? (Yes/No)
		From	To	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	

Degree(s) or Credential(s) Earned and Dates:

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**EMPLOYMENT PLANS** Check one of the following:

<input type="checkbox"/> I am not yet working as a pharmacy intern.	
<input type="checkbox"/> I have been selected for a position as a pharmacy intern at:	
Pharmacy Name	Pharmacy License Number*
Pharmacy Contact Person	Pharmacy Phone

\*If you do not know the Pharmacy License Number, go to <https://ksbop.elicensesoftware.com/portal.aspx>.



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**PERSONAL HISTORY INFORMATION**

- 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 charged with or 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 you answered YES to any of the above questions, please attach Form S-150: Personal History.**

**APPLICANT CERTIFICATION**

*I understand that, as an intern, I may not perform any duties required of a pharmacist except when I am working under the direct and personal supervision of a pharmacist preceptor. I understand that performing any duties for which I am not licensed or taking charge of and operating a pharmacy in the absence of a pharmacist will result in disciplinary action against my intern license, including possible revocation and placing future licenses in jeopardy. I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license.*

*By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the copy of my driver's license or other identifying photographic identification attached hereto is a true likeness of myself. I authorize the Kansas State Board of Pharmacy to review files pertaining to my registration and practice, all law enforcement, administrative, and motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization for entities in possession of applicable information to release such information to the Kansas State Board of Pharmacy.*

*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



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**PART B: TO BE COMPLETED BY DEAN/REGISTRAR OF COLLEGE OR SCHOOL OF PHARMACY**

**INSTRUCTIONS**

This page should be completed by the Dean or Registrar of the Applicant's College or School of Pharmacy.  
Students at KU or UMKC Schools of Pharmacy do not need to complete this form.

**APPLICANT ENROLLMENT INFORMATION**

First Name	Middle Name	Last Name
School or College of Pharmacy		Location (city, st)
Degree Seeking/Obtained		Date Degree Anticipated/Conferred

**DATES OF ATTENDANCE** (Attach additional pages if needed)

From To


**DEAN or REGISTRAR CERTIFICATION**

*I declare under penalty of perjury under the laws of the State of Kansas that that the information provided herein is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**AFFIX COLLEGE SEAL:**