

**STATE BOARD OF PHARMACY**

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

**REGISTRATION APPLICATION:**

**Personal History**  
**Form S-150**

**INSTRUCTIONS**

If you answered 'Yes' to any of the personal history questions on an application, you must fully and truthfully report your entire disciplinary history whether or not the arrest/charge/citation/petition/order was dismissed, suspended, diverted, etc.

This personal history should include the incident, date of incident, the original charge, any pleadings, and the outcome of the situation. It includes violation of any state or federal law, whether misdemeanor or felony, regardless of the state or territory in which it occurred.

**BURDEN OF PROOF**

You have the burden of proof that the licensing is appropriate and should be granted under the circumstances.

The factors considered by the Board include:

1. Present moral fitness;
2. Demonstrated consciousness of the wrongfulness of the conduct;
3. The extent of rehabilitation;
4. The nature and seriousness of misconduct;
5. Conduct subsequent to the misconduct;
6. The amount of time that has elapsed since misconduct;
7. Character and maturity at the time of the misconduct; and
8. Current professional competence.

The burden of proof with regard to each of these factors is on you. You should submit with the application ALL information which you believe will establish that licensing is appropriate.

**STATEMENT**

List any additional facts that explain why you should be licensed or registered. You might consider including a statement regarding:

- Your current character and reputation.
- The nature and extent of any rehabilitation or treatment.
- Your personal experience and level of competence in the profession.
- Extenuating or mitigating circumstances regarding any illegal activities or wrongdoing.
- Conduct, work or volunteer history since time of any illegal activities or wrongdoing.
- Reasoning for any false statements or misrepresentations made to the Board, whether accidental or intentional.

**SUPPORTING DOCUMENTS**

Suggestions for other helpful documents:

- Letters of recommendation or character references
- Certificates of completion for treatment programs, victim panels, etc.
- Evidence of rehabilitation or present fitness for licensure
- Coursework, community involvement, volunteer experience, or job responsibilities
- Court documents requested by the Board, including charges, convictions, diversions, probation, and completion/release

**APPLICANT INFORMATION**

License or Registration Number (if issued)			
First Name	Middle Name	Last Name	
Mailing Address			
City	State	Zip	County

