



## STATE BOARD OF PHARMACY

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056  
pharmacy@ks.gov Fax (785)296-8420

**REGISTRATION APPLICATION:  
Personal History  
Form S-150**

***Applications will not be processed until all required statements and documents are received.***

### INSTRUCTIONS

If you answered 'Yes' to any of the personal history questions on an application or renewal, you must fully and truthfully report your entire history regardless of how long ago the incident occurred or whether the arrest/charge/citation/petition/order was dismissed, suspended, completed, expunged, or resulted in diversion, suspended imposition of sentence, etc.

When in doubt, reporting the incident is the best policy!

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 proving that licensure or registration is appropriate and should be granted under the circumstances. Submit ALL information you believe will help establish that licensing or registration is appropriate.

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.

### REQUIRED DOCUMENTS

If you answered 'Yes' to any of the personal history questions on an application or renewal, you are required to provide the following:

- Court documents, pleadings, and filings for all charges, convictions, diversions, discipline, probation, or other completion/release; and
- Copies of any disciplinary orders from any occupational or licensing body (denial, suspension, discipline, revocation, etc.).

Failure to do so may result in your application being marked incomplete, delayed review of your application, or disciplinary action.

Suggestions for other helpful documents include:

- Signed letters of recommendation or character references from family, friends, teachers, employers, court officers, or colleagues.
- Signed and dated certificates of completion for treatment programs, education or victim panels, etc.
- Evidence of rehabilitation or present fitness for licensure.
- Employment history, education, community involvement, volunteer experience, or job responsibilities since the incident(s) occurred.
- License verifications and numbers for any other professional or occupational license or registration.

### REQUIRED PERSONAL HISTORY STATEMENT

Explain the "who, what, where, when, why, and how" of the situation(s). List any additional facts that explain to the Board why you should be licensed or registered. Include information 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.
- Circumstances that might help explain your misconduct.
- Conduct, work, or volunteer history since time of any misconduct.
- Reasons for any false statements, misrepresentations, or incorrectly-answered questions on an application or renewal made to the Board, whether accidental or intentional.



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**APPLICANT INFORMATION**

Name	License or Registration Number (if issued)	Phone Number	
Mailing Address			
City	State	Zip	Email

**STATEMENT**

Attach additional copies of this page if needed to cover entire disciplinary history along with supporting documents.

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**VERIFICATION**

*The information contained on this form is true, correct, and complete to the best of my knowledge.*

SIGNATURE

DATE SIGNED