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

LICENSE APPLICATION: Pharmacist by Exam
Form LA-01E

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 $87.00.
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 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**.

FOREIGN GRADUATES

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

APPLICANT INFORMATION

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

☐ 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 an intern with the Kansas State Board of Pharmacy?**
If yes, what is your intern registration number? ______________________________
If you are currently registered as a pharmacy intern 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.

OFFICE USE ONLY

Initials: __________

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

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EDUCATION

School or College of Pharmacy	Location (city, st)
Degree Obtained	Date Degree Conferred
NABP eProfile ID	Applying for which exam (select all that apply): ☐ NAPLEX ☐ MPJE

EMPLOYMENT PLANS Check one of the following:

☐ I am not working as a pharmacist.	
☐ I am employed as a pharmacist 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.

ADDITIONAL INFORMATION

☐ Yes ☐ No **Do you or are you planning to administer immunizations?**

If yes, attach a copy of your immunization certification (a course of study and training, approved by the accreditation council for pharmacy or the board, in vaccination storage, protocols, injection technique, and emergency procedures).

When does your current CPR certification expire? ______________________________

☐ Yes ☐ No **Are you a party to any collaborative practice agreement (CPA)?**

If yes, attach a copy of each CPA.

☐ 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.

Revised 03/18

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

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 ______________

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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.

CERTIFICATE OF GRADUATION

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

DATES OF ATTENDANCE (Attach additional pages if needed)

From	To

INTERN HOURS EARNED (must provide one year of pharmaceutical experience per K.A.R. 68-1-3a)

____

DEAN/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:

Revised 03/18