

**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 Reciprocity/
 Transfer
 Form LA-01R**

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 **\$111.00**. You may be eligible for a waiver of the \$47 background check fee (see intern question below). 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 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 **FD-258 Fingerprint Card** (available to print on cardstock from our website or use the form on www.pharmacy.ks.gov >Licensing & Registration to request a card be mailed to you).

APPLICANT INFORMATION

First Name	Middle Name	Last Name
NABP e-Profile ID Number		Date of Submission of NABP Application:
Email	Social Security Number*	Check here if you are a military spouse. <input type="checkbox"/> Yes

*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 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.
- Yes No **Are you or do you want to be an approved preceptor in Kansas?**
 Preceptors are required to have two years of experience as a licensed pharmacist.
- 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 **Do you want to register for K-TRACS, the Kansas Prescription Drug Monitoring Program?**
 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.

APPLICANT CERTIFICATION

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

Initials: _____	OFFICE USE ONLY		
Permit #: _____	Fee: \$ _____	Date: _____	Check #: _____