

**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 \$20.00. There may also be a \$47 background check fee (see page 2). 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, are you a: (check one)

- 0061 qualified alien as defined by 8 U.S.C. 1641
- a nonimmigrant under the Immigration and Nationality Act (8 USCA 1101 et seq.)
- an alien who is paroled into the United States under 8 USC 1182 (d)(5) for less than one year
- other: _____

Initials: _____

OFFICE USE ONLY

Permit #: _____ Fee: \$ _____ Date: _____ Check #: _____



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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 to confirm eligibility for waiver.

POST-SECONDARY EDUCATION

List all undergraduate schools, colleges, or universities attended, in chronological order. 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:

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.licensesoftware.com/portal.aspx>.

Yes No **If you are currently working as a pharmacy intern, do you want to register for K-TRACS?**
 Once your intern license is active, you will receive your K-TRACS account information. You may then 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.



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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: