



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:

Continuing Education

Form S-200

INSTRUCTIONS

All applications must be typed, be complete, and include all 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.

APPLICANT INFORMATION

Kansas Pharmacist License #			
First Name	Middle Name	Last Name	
Mailing Address			
City	State	Zip	Email

FORMS

In lieu of this page, you may attach your NABP CPE Monitor Activity Transcript.
 If CE activity is not on the transcript, you must list it below and attach a certificate of completion that meets the requirements of K.A.R. 68-1-1b, including the Kansas-approved course number (or proof of Board of Pharmacy acceptance in your resident state), provider name, program title, participant's name, number of CE hours earned, and course date.

CONTINUING EDUCATION

Name of Program	Course Number	Completion Date	Hours
Total			



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Name of Program	Course Number	Completion Date	Hours
			Total
			Total from page 1
			Grand Total