

**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. 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 \$157.00. You may be eligible for a waiver of the \$57 background check fee (see question at bottom of page 1). Fees are nonrefundable.

SUPPLEMENTAL MATERIAL

Attach a legible copy of your valid **driver's license or government-issued photo ID**. If the name on your ID is different from 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 application submission.
 Attach a completed **S-100: KBI/FBI Criminal Background Check Form** and a completed **Fingerprint Card**.
Active-duty military or military spouses, if you are residing in Kansas or planning to reside in Kansas due to the assigned military station, please attach a copy of the relocation orders to Kansas to be exempt from the background check fee, initial, and renewal application fees.

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 <input type="checkbox"/> M <input type="checkbox"/> 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 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 S-100 form or fingerprints required). Contact the Board (pharmacy@ks.gov) to confirm eligibility for waiver.

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

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



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Yes No **Are you a member of the military or a military spouse requesting expedited review?**
If yes, please check one of the following and provide the requested documentation with the application:

- Current military servicemember – military ID
- Military spouse – military spouse ID
- Veteran with honorable discharge – military ID and DD-214

Yes No **Are you active-duty military or a military spouse relocating to Kansas?**
If yes, please provide a copy of the relocation orders to Kansas for waiver of application fee.

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): <input type="checkbox"/> NAPLEX <input type="checkbox"/> MPJE

EMPLOYMENT PLANS Check one of the following:

I am not working as a pharmacist.

I am employed as a pharmacist at (Pharmacy Name and Address):

REGISTRATION HISTORY INFORMATION

Provide a history of all pharmacy technician, pharmacy intern, or other healthcare registrations/licenses held in Kansas, other states, districts, or jurisdictions (attach additional sheets, if needed). You will need to provide a copy of the registration or license.

I currently do not hold any healthcare registrations/licenses in Kansas, other states, or jurisdictions.

State	Registration Number	Licensing Board/Entity	License/Registration Classification	Discipline (Yes/No)	Registration Status (active/good standing, expired, suspended, etc.)

ADDITIONAL INFORMATION

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

If yes, attach a copy of each CPA.

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? _____



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DISCIPLINARY INFORMATION

WARNING: The following questions should be carefully reviewed. The Board may deny an application, limit/suspend/revoke a registration, or issue a fine against anyone that has obtained or attempted to obtain a registration by false or fraudulent means, including misrepresentation on an application (K.S.A. 65-1627). The law does not require this misrepresentation be made intentionally for the Board to take action.

The Board contracts with the Kansas Bureau of Investigation to conduct a complete background check on each applicant. Personal history and disciplinary questions must be answered honestly on all applications to avoid negative consequences. Required disclosures include all arrests and/or charges, even if a charge was never filed, the charge was dismissed, there was no conviction, a court date hasn't been scheduled, or the applicant completed a diversion or suspended imposition of sentence.

- Yes No 1. Has there been a denial of initial or renewal application, 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. Do you have any physical or mental health condition (including but not limited to alcohol or substance use) that currently impairs your ability to practice your profession in a competent, ethical, and professional manner?

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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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: