

**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. 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 **\$172.00**. 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**. 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*

\*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 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 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 or S-100 form required). Contact the Board (pharmacy@ks.gov) to confirm eligibility.
- 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

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Initials: _____	<b>OFFICE USE ONLY</b>		
Permit #: _____	Fee: \$ _____	Date: _____	Check #: _____

Revised 05/21