

**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 **\$182.00**. You may be eligible for a waiver of the \$57 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).

**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.

**APPLICANT INFORMATION**

First Name		Middle Name		Last Name	
NABP e-Profile ID Number			Date of Submission of NABP eLTP Application:		
Permanent Mailing Address					
City		State	Zip		County
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 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 fees.

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



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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? \_\_\_\_\_

**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 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 and I hereby understand state and federal laws and regulations, which shall include the Kansas Pharmacy Act, the Kansas Controlled Substances Act, and the Kansas Prescription Monitoring Program Act.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED