

**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:**

**Pharmacy Technician  
Form LA-14**

**INSTRUCTIONS**

All applications must 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 \$67.00. 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 this 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.

**IMPORTANT INFORMATION-Certification Exam, Continuing Education & Renewal**

Technicians will be required to pass a technician certification exam before the first renewal or, if previously registered, at the time of application.

You can take either the Pharmacy Technician Certification Board (PTCB) exam or the National Healthcareer Association ExCPT exam.

20 hours of qualifying continuing education must be completed before each renewal.

Register for the NABP CPE monitor to track ACPE continuing education hours. If the hours are listed on your CPE Monitor, you do not need to submit your completion certificate to the Board; however, it is your responsibility to verify that all CE (including hours that are supposed to appear on the CPE Monitor) have been received by the Board. <https://nabp.pharmacy/programs/cpe-monitor/>

You will be required to renew every two years before the expiration date printed on your registration. Technicians can renew online between September 15 and October 31.

**CHECKLIST:**

- Completed Application (Return pages 3-5 to the Board)
- Driver's License or Government-issued Photo ID (current)
- S-100 KBI/FBI Background Check Form
- Fingerprint Card
- Check or Money Order for \$67.00
- Verification of passage of certification exam (if you've already taken it)
- S-150 Form if you answer "Yes" to any Personal History Information

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**HOW TO FILL OUT THE FBI FINGERPRINT CARD**

Using a BLACK INK pen, pre-fill the blocks below on the fingerprint card before arriving at the law enforcement agency (LEA). DO NOT SIGN in the block 'SIGNATURE OF PERSON FINGERPRINTED.' Place the fingerprint card, waiver, application, and payment in a pre-addressed stamped envelope to the Kansas State Board of Pharmacy, 800 SW Jackson, Ste 1414, Topeka KS 66612-1244.

Go to your local LEA or the Kansas Bureau of Investigation. Be sure to bring your driver's license for identification. Give the envelope with your fingerprint card, waiver, application, and payment to the LEA. The LEA will complete your fingerprints and complete the waiver. Sign the fingerprint card in front of the law enforcement officer. The LEA should place the completed fingerprint card, waiver, application, and payment in the postage paid pre-addressed envelope you provided and mail the information directly to the Board of Pharmacy.

**DO NOT BEND, CREASE, OR FOLD THE FBI FINGERPRINT CARD.**

A delay in the processing of your FBI criminal background is commonly caused by incomplete fingerprint cards and poor quality of fingerprints.

**DO NOT CONTACT THE KBI OR THE FBI** about the status of your criminal background check. These agencies notify the Kansas State Board of Pharmacy when the check is complete. Allow 2-3 weeks for the FBI background check to be complete.

Complete the following blocks on the FBI Fingerprint card:

**Last name, first name, middle name**

**Signature of person fingerprinted:** DO NOT SIGN UNTIL FINGERPRINTED

**Aliases:** other names you have used, i.e. nicknames, maiden names, etc.

**ORI:** this field MUST read: KS920152Z KS BD OF PHARMACY TOPEKA, KS

**Date of Birth:** Month/Day/Year

**Residence of person fingerprinted:** Street address or PO Box, City, State, Zip

**Citizenship:** i.e. United States, Mexico, Canada, England, etc.

**Sex:** M=Male, F=Female

**Race:** W=White, H=Hispanic, B=Black, I=American Indian or Alaskan Native, A=Asian or Pacific Islander, U=Unknown

**Height (HGT):** Height in feet and inches, i.e. 5'11" is "511" or 6'1" is "61"

**Weight (WHT):** Weight in pounds, i.e. 160 lbs. is "160"

**Eyes:** Color, BLU=Blue, BRO=BROWN, GRE=Green, GRY=Gray, HAZ=Hazel, XXX=Unknown

**Hair:** Color, BAL=Bald, BLK=Black, BLN=Blond (or Strawberry), BRO=Brown, GRY=Gray (or partially Gray), RED=Red (or Auburn), SDY=Sandy

WHI=White, XXX=Unknown

**Place of Birth:** U.S. State or Foreign Country

**Employer and Address:** None if you are unemployed

**Reason Fingerprinted:** This field MUST read Kansas Board of Pharmacy KSA 65-1696

**Social Security Number.** If you do not have a Social Security Number, enter the appropriate MNU prefix code available at [www.fbi.gov](http://www.fbi.gov).

Leave all other spaces blank: OCA, FBI, MNU



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**REGISTRATION APPLICATION:  
Pharmacy Technician  
Form LA-14**

**APPLICANT INFORMATION**

First Name		Middle Name		Last Name	
Social Security Number*			Other Name(s) Used:		
Date of Birth	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F		Place of Birth (City, State)	
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 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 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

Yes No **Have you passed a pharmacy technician certification exam?**

If yes, please indicate which organization administered the exam:

If yes, attach verification

PTCB ExCPT

Yes No **Have you graduated from High School or a GED program?**

If you are currently enrolled in High School or a GED program, please provide a letter of good standing from your High School or GED program administrator

Yes No **Have you been hired as a pharmacy technician?**

If yes, please provide the pharmacy registration number: 2-\_\_\_\_\_

\*If you do not know the Pharmacy Registration Number, go to <https://ksbop.elicensoftware.com/portal.aspx>

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



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**REGISTRATION APPLICATION:  
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 Form LA-14**

**REGISTRATION HISTORY INFORMATION**

Provide a history of all pharmacy technician registrations or other occupational registrations/licenses held in other states, districts, or jurisdictions (attach additional sheets, if needed).

The Board works with the National Association of Boards of Pharmacy and National Practitioner Databank to receive information about any professional or occupational license, permit, or registration held by the applicant. Any discipline, reprimand, or other action against one of these licenses, registrations, or permits should also be disclosed to the Board on the application.

State	Registration Number	Issue Date	Expiration Date	Discipline (Yes/No)	Registration Status (active/good standing, expired, suspended, etc)

**PERSONAL HISTORY 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 charged with or 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 you answered YES to any of the above questions, please attach Form S-150: Personal History.**



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**REGISTRATION APPLICATION:  
Pharmacy Technician  
Form LA-14**

**APPLICANT CERTIFICATION**

*By virtue of filing this application, I do solemnly swear or affirm 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 understand that falsification or misrepresentation of the information on this form may constitute grounds for denial or revocation of the license.*

*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

**STATE BOARD OF PHARMACY**800 SW Jackson, Suite 1414  
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www.pharmacy.ks.gov (785)296-4056**KBI/FBI Criminal  
Background Check Form  
Form S-100****You MUST take this sheet with you when you are fingerprinted.****Waiver Agreement & FBI Privacy Act Statement—Fingerprint-Based Record Checks for Noncriminal Justice Purposes**

I hereby authorize the Kansas Board of Pharmacy (Authorized Recipient) to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of Public Law (Pub. L.) 92-544. Pursuant to K.S.A. 22-4701 et seq., K.S.A. 22-5001, and 2022Kansas Laws, Ch. 92, § 1 (Senate Sub. for H.B. 2495), the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me employment, licensing, certification, or registration.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council See 5 United States Code (U.S.C.) 552a(b); 28 U.S.C. 534(b);34 U.S.C. 40136, Article IV(c); 28 CFR 20.21(c), 20.33(d), 906.2(d).), and 2022Kansas Laws, Ch. 92, § 1 (Senate Sub. for H.B. 2495).

I understand that my fingerprints will be retained by the KBI and/or the Federal Bureau of Investigation if the Authorized Recipient participates in the state or national Rap Back program for continued suitability for employment, or eligibility for any license, certification, or registration. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, licensed, certified, or registered, the Authorized Recipient shall request my fingerprints be removed from the state and/or national Rap Back program.

I have \_\_\_\_ OR have not \_\_\_\_ been convicted of a crime. If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

**APPLICANT RELEASE**

*Under penalty of perjury, I hereby declare that I am the person described below and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under K.S.A. 21-5903. I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information about how to challenge my criminal records for accuracy and completeness.*

SIGNATURE

DATE SIGNED

Printed Name		Date of Birth	
Residential Address			
City	State	Zip	County

**TO BE COMPLETED BY THE FINGERPRINTING AGENCY**

Method of Verifying Identity: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID Card <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> Passport			
State/Branch		ID Number	
Agency Name			
Address			
City	State	Zip	County
Phone		Fax	
Name of Individual Verifying Identity			





## STATE BOARD OF PHARMACY

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**KBI/FBI Criminal  
Background Check Form  
Form S-100**

**AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain. 2. Must provide a copy to the applicant.**

### FBI PRIVACY ACT STATEMENT

#### Authority:

The FBI's acquisition, preservation, and exchange of identification records and information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

#### Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the Authorized Recipient is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also requires federal agencies to use this number to help identify individuals in agency records.

#### Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

#### Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 U.S.C. 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

#### Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

### RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information (CHRI)** to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: [http://www.kansas.gov/kbi/info/info\\_brochures.shtml](http://www.kansas.gov/kbi/info/info_brochures.shtml) then find the brochure named "Record Checks for Non-Criminal Justice Purposes".

Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation  
Attn: Criminal History Records  
1620 SW Tyler  
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or you may write to:

FBI CJIS Division  
Attn: Criminal History Analysis Team 1  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

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**KBI/FBI Criminal  
Background Check Form  
Form S-100**

**HOW TO FILL OUT THE FBI FINGERPRINT CARD**

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Go to your local LEA or the Kansas Bureau of Investigation. Be sure to bring your driver's license for identification. Give the envelope with your fingerprint card, waiver, application, and payment to the LEA. The LEA will complete your fingerprints and complete the waiver. Sign the fingerprint card in front of the law enforcement officer. The LEA should place the completed fingerprint card, waiver, application, and payment in the postage paid pre-addressed envelope you provided and mail the information directly to the Board of Pharmacy.

**DO NOT BEND, CREASE, OR FOLD THE FBI FINGERPRINT CARD.**

A delay in the processing of your FBI criminal background is commonly caused by incomplete fingerprint cards and poor quality of fingerprints.

**DO NOT CONTACT THE KBI OR THE FBI** about the status of your criminal background check. These agencies notify the Kansas State Board of Pharmacy when the check is complete. Allow 2-3 weeks for the FBI background check to be complete.

Complete the following blocks on the FBI Fingerprint card:

**Last name, first name, middle name**

**Signature of person fingerprinted:** DO NOT SIGN UNTIL FINGERPRINTED

**Aliases:** other names you have used, i.e. nicknames, maiden names, etc.

**ORI:** this field MUST read: KS920152Z KS BD OF PHARMACY TOPEKA, KS

**Date of Birth:** Month/Day/Year

**Residence of person fingerprinted:** Street address or PO Box, City, State, Zip

**Citizenship:** i.e. United States, Mexico, Canada, England, etc.

**Sex:** M=Male, F=Female

**Race:** W=White, H=Hispanic, B=Black, I=American Indian or Alaskan Native, A=Asian or Pacific Islander, U=Unknown

**Height (HGT):** Height in feet and inches, i.e. 5'11" is "511" or 6'1" is "61"

**Weight (WHT):** Weight in pounds, i.e. 160 lbs. is "160"

**Eyes:** Color, BLU=Blue, BRO=BROWN, GRE=Green, GRY=Gray, HAZ=Hazel, XXX=Unknown

**Hair:** Color, BAL=Bald, BLK=Black, BLN=Blond (or Strawberry), BRO=Brown, GRY=Gray (or partially Gray), RED=Red (or Auburn), SDY=Sandy

WHI=White, XXX=Unknown

**Place of Birth:** U.S. State or Foreign Country

**Employer and Address:** None if you are unemployed

**Reason Fingerprinted:** This field MUST read Kansas Board of Pharmacy KSA 65-1696

**Social Security Number.** If you do not have a Social Security Number, enter the appropriate MNU prefix code available at [www.fbi.gov](http://www.fbi.gov).

Leave all other spaces blank: OCA, FBI, MNU





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**REGISTRATION APPLICATION:  
Personal History  
Form S-150**

***Applications will not be processed until all required statements and documents are received.***

### INSTRUCTIONS

If you answered 'Yes' to any of the personal history questions on an application or renewal, you must fully and truthfully report your entire history regardless of how long ago the incident occurred or whether the arrest/charge/citation/petition/order was dismissed, suspended, completed, expunged, or resulted in diversion, suspended imposition of sentence, etc.

When in doubt, reporting the incident is the best policy!

This personal history should include the incident, date of incident, the original charge, any pleadings, and the outcome of the situation. It includes violation of any state or federal law, whether misdemeanor or felony, regardless of the state or territory in which it occurred.

### BURDEN OF PROOF

You have the burden of proving that licensure or registration is appropriate and should be granted under the circumstances. Submit ALL information you believe will help establish that licensing or registration is appropriate.

The factors considered by the Board include:

1. Present moral fitness;
2. Demonstrated consciousness of the wrongfulness of the conduct;
3. The extent of rehabilitation;
4. The nature and seriousness of misconduct;
5. Conduct subsequent to the misconduct;
6. The amount of time that has elapsed since misconduct;
7. Character and maturity at the time of the misconduct; and
8. Current professional competence.

### REQUIRED DOCUMENTS

If you answered 'Yes' to any of the personal history questions on an application or renewal, you are required to provide the following:

- Court documents, pleadings, and filings for all charges, convictions, diversions, discipline, probation, or other completion/release; and
- Copies of any disciplinary orders from any occupational or licensing body (denial, suspension, discipline, revocation, etc.).

Failure to do so may result in your application being marked incomplete, delayed review of your application, or disciplinary action.

Suggestions for other helpful documents include:

- Signed letters of recommendation or character references from family, friends, teachers, employers, court officers, or colleagues.
- Signed and dated certificates of completion for treatment programs, education or victim panels, etc.
- Evidence of rehabilitation or present fitness for licensure.
- Employment history, education, community involvement, volunteer experience, or job responsibilities since the incident(s) occurred.
- License verifications and numbers for any other professional or occupational license or registration.

### REQUIRED PERSONAL HISTORY STATEMENT

Explain the "who, what, where, when, why, and how" of the situation(s). List any additional facts that explain to the Board why you should be licensed or registered. Include information regarding:

- Your current character and reputation.
- The nature and extent of any rehabilitation or treatment.
- Your personal experience and level of competence in the profession.
- Circumstances that might help explain your misconduct.
- Conduct, work, or volunteer history since time of any misconduct.
- Reasons for any false statements, misrepresentations, or incorrectly-answered questions on an application or renewal made to the Board, whether accidental or intentional.

