

**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

**LICENSING APPLICATION:  
 Pharmacist –  
 Reinstatement after Revocation  
 Form LA-65**

**INSTRUCTIONS**

All applications must be typed, 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 for \$57 **plus renewal and late fees** (Contact the Board for the amount). 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 that shown on 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 submitting this application. Attach a completed S-100: KBI/FBI Criminal Background Check Form and a completed Fingerprint Card.

**CONTINUING EDUCATION**

In order to reinstate your pharmacist license, you will be required to submit proof of continuing education. Any CE hours obtained to reinstate the license may not also be used to meet CE requirements for the pharmacist's next renewal. (Note: 30 hours of CE will be required for the pharmacist's next renewal, no prorated amount will be authorized.)

**Complete and attach Form S-200: Continuing Education.** Provide the following amount of continuing education as determined by the number of renewal periods since your license lapsed:

- One renewal period: **30 hours** completed during the two years preceding the date of this application
- Two or more renewal periods: **60 hours** completed during the four years preceding the date of this application

**EXAMINATION**

If it has been more than three years since you had a license in Kansas, you will be required to take and pass an examination approved by the board for reinstatement as a pharmacist.

**APPLICANT INFORMATION**

Kansas Pharmacist License #		Original License Date		License Revocation Date	
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

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



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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 **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 certified to administer immunizations?**

If yes, attach a copy of your immunization certification.  
 When does your current CPR certification expire? \_\_\_\_\_

**EMPLOYMENT HISTORY**

If you have practiced pharmacy since your Kansas license lapsed, name in consecutive order your pharmacy related employment, addresses, and dates of employment. Attach additional pages as needed.

Employer	Address	Dates of Employment (MM/YYYY)	
		From	To
		/	/
		/	/
		/	/

**OTHER LICENSES**

Provide the state of licensure, date licensed, and whether by reciprocity or examination, and the license number. Please also send verification from each state Board of Pharmacy in the form of a certified letter stating your license is in good standing. Attach additional pages as needed.

State	Date Licensed	Reciprocity or Examination	License #



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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. Make sure to include information on why your Kansas pharmacist license was revoked.

- 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