



## Montana Board of Pharmacy

PO Box 200513

301 S Park, 4<sup>th</sup> Floor

Helena, MT 59620-0512

Phone: 406-444-6880

Email: [dlibsdp@mt.gov](mailto:dlibsdp@mt.gov) Website: [www.pharmacy.mt.gov](http://www.pharmacy.mt.gov)

## Licensing Requirements and Application Checklist DANGEROUS DRUG RESEARCHER

### License Requirements for Dangerous Drug Researcher

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

Licensing Requirements: MCA [50-32-106](#); ARM [24.174.1401](#), ARM [24.174.1404](#), ARM [24.174.1411](#)

1. For individuals to analyze or conduct research with narcotic dangerous drugs in Schedules II through V, provide a description of the research, storage, security, access, and location where the research is to be conducted.
2. For individuals to analyze or conduct research with dangerous drugs in Schedule I, the following requirements also apply:
  - a. Practitioner licensed in Montana.
  - b. Provide proof of registration with the Federal Drug Enforcement Administration (DEA).
  - c. Provide a complete resume of all research to any dangerous drug; such information must be a duplicate to information submitted to DEA.

PLEASE REVIEW THE MONTANA LAWS AND RULES AT [www.pharmacy.mt.gov](http://www.pharmacy.mt.gov).

### Checklist of Required Documents to Submit for Application for Dangerous Drug Researcher

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application.

- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type.
- Resume/description of all research relative to any dangerous drugs (Schedules I-V).
- Description of research location and the security, access, and storage of the drug(s) to be researched.
- If researching Schedule I, also submit proof of:
  - o Current license as a practitioner in Montana
  - o Registration with DEA.
- If you answered yes to discipline questions:
  - o Include a detailed explanation of the events(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.).

### Application Fee(s) for Dangerous Drug Researcher

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application you must submit a check. Do not mail cash.

- \$100 application fee

You can apply for a license online at <https://ebiz.mt.gov/POL/> or download a paper application from the website. Online application is recommended.

Please include a valid e-mail address with your application. E-mail is the Department's primary form of communication.

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.

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Helena, MT 59620-0512  
Phone: 406-444-6880  
Fax: 406-841-2305

Email: [dlibsdpba@mt.gov](mailto:dlibsdpba@mt.gov) Website: [www.pharmacy.mt.gov](http://www.pharmacy.mt.gov)

#### Application for Dangerous Drug Researcher:

Conduct Research       Analyze Research

1. FULL NAME: \_\_\_\_\_  
Last                                                          First                                                          Middle

2. OTHER NAME(S) KNOWN BY \_\_\_\_\_

3. BUSINESS NAME \_\_\_\_\_

4. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box #                                                          City and State                                                          Zip

5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box #                                                          City and State                                                          Zip

PREFERRED MAILING ADDRESS  Business  Home      E-MAIL ADDRESS \_\_\_\_\_

6. TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Business                                                          Home                                                          Fax

7. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_

8. DATE OF BIRTH \_\_\_\_\_  FEMALE  MALE

9. LICENSE NAME \_\_\_\_\_  
(State your name as it should appear on the registration if granted)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, outcomes) on a supplement sheet.

10. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Type	Requested State Verification
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

## **PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE**

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

## PERSONAL HISTORY QUESTIONS

- |                                                                                                                                                                                                                                                                   |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?                                                             | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?                                                                                                                                        | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?                                                                                    | Yes | No |
| 5. Have you ever withdrawn an application for any professional license?                                                                                                                                                                                           | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?                                                                                                | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)                                                                                                                                        | Yes | No |

Note on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- |                                                                                                                                                                                                                                                |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?                                 | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- |                                                                                                                                                                                                                                                         |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges?                                                                                                                                                                            | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?                                                                                                               | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?                                                                                                      | Yes | No |

- |                                                                                                                                                                                                                                                                                                                                                    |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?                                                                                                                                                                                                                | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?                                                                                                                                     | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?                                                                                                                                                                                          | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?                                                                                                                                                                                    | Yes | No |

I authorize the release of information concerning education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Pharmacy. I hereby declare that the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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### VERIFICATION OF LICENSURE

(This is not an endorsement certification)

**PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.**

**STATE BOARD:**

The Board of Pharmacy requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF PHARMACY, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

\_\_\_\_\_  
(Signature) Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

My License Number is: \_\_\_\_\_

**DO NOT DETACH** -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF \_\_\_\_\_

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

License is current? \_\_\_\_\_ If NO, explain \_\_\_\_\_

Has license been suspended, revoked, placed on probation or otherwise disciplined? \_\_\_\_\_

If YES, explain and attach documentation \_\_\_\_\_

Has licensee ever been requested to appear before your Board? \_\_\_\_\_

If YES, explain \_\_\_\_\_

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

**BOARD SEAL**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_ Date: \_\_\_\_\_