

MONTANA BOARD OF PHARMACY
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
PHONE (406) 444-6880
E-MAIL: dlibsdhhelp@mt.gov WEBSITE: www.pharmacy.mt.gov

INACTIVE PHARMACIST REQUEST FORM

Montana Pharmacist License Number: _____ Date of Request for Inactive Status: _____

Pharmacist Name: _____

Address (Home): _____

City: _____ Date: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Current Place of
Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

INFORMATION REGARDING INACTIVE STATUS:

- The fee for Inactive Pharmacist Status is \$15. Applications postmarked after June 30 will be assessed a penalty fee of \$15.00, increasing the total amount due to \$30.00.
- A pharmacist with an inactive Montana license may not practice in Montana for the period of inactive licensure.
- A pharmacist with an inactive Montana license must comply with the continuing education requirements of Montana and is subject to the annual audit of continuing education.
- A pharmacist with an inactive Montana license must renew the inactive license annually.
- A pharmacist must contact the Board office to reactivate an inactive Montana license:

1) Inactive Status three years or less, whether or not the pharmacist has been in practice in another state:

- a) Submit a written request for status change to the Board.
- b) Pay either the difference between the current inactive and active license renewal fees if the change occurs between renewal periods **or** the full active license renewal fee if the change occurs during the regular renewal period.
- c) Certify that: no disciplinary action has been taken by any state or federal jurisdiction which would prevent or restrict the pharmacist's practice of the profession and the pharmacist has not surrendered any credential or privilege in the practice of the profession in lieu of or to avoid formal action.
- d) Submit verification of active practice from the state(s) in which practice occurred
- e) Provide proof that continuing education requirements for the period of inactive licensure have been satisfied

2) Inactive Status of three to five years, who has not been in active practice in another U.S. state:

- a) Submit a written request for status change to the Board.
- b) Pay either the difference between the current inactive and active license renewal fees if the change occurs between renewal periods **or** the full active license renewal fee if the change occurs during the regular renewal period.
- c) Certify that: no disciplinary action has been taken by any state or federal jurisdiction which would prevent or restrict the pharmacist's practice of the profession and the pharmacist has not surrendered any credential or privilege in the practice of the profession in lieu of or to avoid formal action.
- d) Submit verification of active practice from the state(s) in which practice occurred.
- e) Provide proof that continuing education requirements for the period of inactive licensure have been satisfied.
- f) Complete an appropriate internship of 300 hours **or** take and pass the North American Pharmacist Licensure Examination (NAPLEX).
- g) Take and pass the Multistate Pharmacy Jurisprudence Examination (MPJE) for the state of Montana.

3) Inactive Status of five years or more, who has not been in active practice in another U.S. state:

- a) Submit a written request for status change to the Board.
- b) Pay either the difference between the current inactive and active license renewal fees if the change occurs between renewal periods **or** the full active license renewal fee if the change occurs during the regular renewal period.
- c) Certify that: no disciplinary action has been taken by any state or federal jurisdiction which would prevent or restrict the pharmacist's practice of the profession and the pharmacist has not surrendered any credential or privilege in the practice of the profession in lieu of or to avoid formal action.
- d) Submit verification of active practice from the state(s) in which practice occurred.
- e) Provide proof that continuing education requirements for the period of inactive licensure have been satisfied.
- f) Complete an appropriate internship of 300 hours.
- g) Take and Pass the North American Pharmacist Licensure Examination (NAPLEX).
- h) Take and pass the Multistate Pharmacy Jurisprudence Examination (MPJE) for the state of Montana.

4) Inactive status for more than three years who has been in active practice in another U.S. state:

- a) Written request for status change to the Board.
- b) Pay either the difference between the current inactive and active license renewal fees if the change occurs between renewal periods **or** the full active license renewal fee if the change occurs during the regular renewal period.
- c) Certify that: no disciplinary action has been taken by any state or federal jurisdiction which would prevent or restrict the pharmacist's practice of the profession; the pharmacist has not surrendered any credential or privilege in the practice of the profession in lieu of or to avoid formal action.
- d) Submit verification of active practice from the state(s) in which practice occurred.
- e) Provide proof that continuing education requirements for the period of inactive licensure have been satisfied.
- f) Take and pass the Multistate Pharmacy Jurisprudence Examination (MPJE) for the state of Montana.

CONTINUING EDUCATION STATEMENT:

- The Board requires 1.5 CPE units (15 clock hours) with a minimum of 5 hours to be obtained in an approved group settings OR 2.0 CEU (20 clock hours) if you do not take at least 5 hours in an approved group program. The CEU is required within 12 months prior to June 30 in order to renew your license.
- An additional 15 hours may be accumulated and applied to the following fiscal year (07-1 to 06-30). A course may not be used more than once to satisfy this requirement. See renewal requirements in [ARM 24.174.2104](#).
 - Programs approved by ACPE and for CME automatically qualify for CEU credit.
 - Non-ACPE programs must meet requirements listed in [ARM 24.174.2106](#), as amended 11/20/21, and a maximum of 1.0 CEU (10 hours) can be used to meet renewal requirements.
- Pharmacists renewing as a first-year new graduate are exempt from the CEU requirement.
- Pharmacists residing in another state are required to meet Montana's requirements for continuing pharmacy education.

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.174.2104, and that I may be audited for compliance with these requirements. If I am found to be out of compliance with these requirements, I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the law or rules stated above.

Not applicable - first time renewing Montana license.

MILITARY EXEMPTION:

Section 37-1-138, MCA, provides for activated military reservists to defer the collection of license fees, continuing education requirements, and the suspension of certain disciplinary actions for persons in military service who affirmatively request that their license be placed on inactive status. Therefore, upon receipt of a copy of the reservist's orders to Federal active duty and submission of this completed form, the Board will place such person's license on Inactive status.

RENEWAL DISCIPLINARY STATEMENT:

Have any legal or disciplinary actions been instituted against you or any of your professional licenses since either your initial licensure in Montana or since you renewed your license, whichever occurred latest?

YES

If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

NO

By submitting this application, I am declaring under penalty of perjury that my renewal application is true and complete and that I have complied with the continuing pharmacy education requirements and that I am aware that a false statement may lead to discipline against my license. I have read and understand the information regarding inactive pharmacist license.

Your signature: _____ Date: _____

Telephone #: _____

DO NOT SEND CASH