

**MONTANA BOARD OF PHARMACY**  
**(301 S PARK, 4<sup>TH</sup> FLOOR, HELENA, MT 59601- Delivery)**  
**P. O. Box 200513**  
**Helena, Montana 59620-0513**  
**PHONE (406) 444-6880 FAX (406) 841-2305**  
**E-MAIL: dlibsdp@mt.gov WEBSITE: pharmacy.mt.gov**

## **APPLICATION FOR: INSTITUTIONAL PHARMACY**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
(Please allow 30 days for processing from the date that the Board has a complete routine application)

**A BUSINESS CANNOT OPERATE IN MONTANA IN WITHOUT AN ACTIVE MONTANA LICENSE**

### **LICENSE REQUIREMENTS FOR INSTITUTIONAL PHARMACIES ARM 24.174.1101-1115:**

- ◆ Prior to conducting business, a pharmacy must secure a license and be registered with the Board
- ◆ Each institutional pharmacy must be directed by a pharmacist-in-charge who is licensed to engage in the practice of pharmacy in the state of Montana and who is responsible for the storage, compounding, repackaging, dispensing and distribution of drugs within the facility. Depending upon the needs of the facility, pharmacy services may be provided on a full or part-time basis, with a mechanism for emergency service provided at all times. Contractual providers of pharmacy services shall meet the same requirements as pharmacies located within the institution.
- ◆ The license registers the pharmacy to which it is issued and is not transferable. It is issued on the application of the registered pharmacist-in-charge, and which contains the sworn statement that the pharmacy will be operated in accordance with the provisions of the law
- ◆ To operate, maintain, open or establish more than one pharmacy, separate applications shall be made and separate licenses issued for each
- ◆ Upon closure of an institutional pharmacy, the original license becomes void and must be surrendered to the Board within ten days
- ◆ Registered pharmacy technicians or technicians-in-training may be utilized pursuant to the written policies and procedures of the institution pharmacy. A pharmacist may supervise no more than four technicians at any time (1:4 ratio). A pharmacist intern does not count against the pharmacist to pharmacy technician ratio. See ARM 24.174.711.

**FEES: \$240 – (Non-Refundable) - Application Fee**  
**\$75 – (Non-Refundable) - Dispense under the Montana Dangerous Drug Act**  
**\$75 – (Non-Refundable) – Pharmacy Technician Utilization Plan**

\*\*Make check or money order payable to the Montana Board of Pharmacy\*\*

**DOCUMENTS:** The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application.

- ◆ A schematic drawing (floor plan) and security of the pharmacy area

### **ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE:**

- ◆ Complete the Dangerous Drug Act application if this pharmacy will be dispensing controlled substances
- ◆ Complete the Technician Utilization Plan application if pharmacy technicians will be employed in this facility
- ◆ Complete the Pharmacist-in-Charge form
- ◆ Complete the Pharmacist-in-Charge Non-Owner Pharmacist Agreement form if applicable

**APPLICATION PROCEDURES:**

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

**PROCESSING PROCEDURES:**

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a permanent license will be issued.

**ADDITIONAL LAW AND RULE INFORMATION:**

- ◆ The pharmacist-in-charge shall establish written policies and procedures for the safe and efficient distribution of drugs and provision of pharmaceutical care, including the mechanism by which drug review will be accomplished and documented. A current copy of such procedures must be on hand for inspection by the Board of Pharmacy.

**For information with regard to the processing of this application or other concerns please contact the Board of Pharmacy staff at [www.pharmacy.mt.gov](http://www.pharmacy.mt.gov) or email at [dlibsdp@mt.gov](mailto:dlibsdp@mt.gov)**

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES ON THE WEBSITE

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**INSTITUTIONAL PHARMACY Application:**  New  Location/Address Change  Ownership Change

1. NAME \_\_\_\_\_

2. MAILING ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

3. PHYSICAL ADDRESS \_\_\_\_\_  
City and State Zip

EMAIL ADDRESS \_\_\_\_\_

4. TELEPHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

5. Tax ID NUMBER \_\_\_\_\_

6. PHARMACIST-IN-CHARGE \_\_\_\_\_ MT LICENSE # \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

7. PLEASE LIST LICENSE NUMBER AND NAME OF BUSINESS IF PREVIOUSLY LICENSED IN MONTANA AND APPROXIMATE DATE OF CLOSURE OF THE CURRENT LICENSE IF CLOSING

\_\_\_\_\_

REASON IF CLOSING CURRENT LICENSE:

Location  Ownership  Other \_\_\_\_\_

8. DESCRIBE THE SCOPE AND TYPE OF SERVICES TO BE PROVIDED BY THIS PHARMACY

\_\_\_\_\_

\_\_\_\_\_

9. PLEASE CHECK THE TYPE OF OWNERSHIP OR OPERATION AND ATTACH THE REQUIRED INFORMATION  
 Sole Proprietor  Partnership  Corporation  Other \_\_\_\_\_

**CONTINUE TO NEXT PAGE**

## 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.
4. **[Business Entities only]** “You” in these instructions and questions refers to individuals authorized to answer questions on behalf of the facility, organization, or entity applying for licensure and not personally to the individuals.
5. **[Business Entities with Persons in Charge]** “You” in these instructions and questions refers to associates or agents of the facility, organization, or entity applying for licensure who must answer these questions personally as individuals.

## 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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**A BUSINESS CANNOT OPERATE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE**

## **PHARMACIST-IN-CHARGE FORM**

### **LICENSE REQUIREMENTS ARM 24.174.1101(1) PHARMACIES:**

- ◆ Complete the Institutional Pharmacy application
- ◆ Submit the Pharmacist-in-Charge form and the Non-Pharmacist-Owner Agreement if owner of pharmacy is different than Pharmacist-in-Charge

### **ADDITIONAL RULE:**

- ◆ 24.174.805 Change of Pharmacist-in-Charge  
When the pharmacist-in-charge of a pharmacy ceases to be the pharmacist-in-charge, the pharmacist will be held responsible for notifying the Board in writing of such termination of services
- ◆ Within 72 hours of termination of services of the pharmacist-in-charge, a new pharmacist-in-charge must be designated in writing on the appropriate Board approved form and filed with the Board

### **APPLICATION PROCEDURES:**

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent registration. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

### **PROCESSING PROCEDURES:**

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a permanent registration will be issued.

**For information with regard to the processing of this application or other concerns please contact the Board of Pharmacy staff at [pharmacy.mt.gov](http://pharmacy.mt.gov) or email at [dlibsdpaha@mt.gov](mailto:dlibsdpaha@mt.gov)**

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**STATEMENT OF PHARMACIST-IN-CHARGE**

For the purposes of satisfying the requirements of ARM 24.174.1104, the following agreement has been entered into and submitted to the Montana Board of Pharmacy:

Name of Pharmacy \_\_\_\_\_ License # \_\_\_\_\_

Address of Pharmacy \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner of Pharmacy \_\_\_\_\_

(Please complete "Non-Pharmacist-Owner agreement if owner of pharmacy is different than P.I.C.)

The signature below indicates that the Pharmacist-in-Charge of the above named Pharmacy and will be the Pharmacist-in-Charge until the present license expires; that if the undersigned ceases to be Pharmacist-in-Charge prior to the expiration of the license, the undersigned will notify the Board of Pharmacy of such fact and failure to do so may be cause for suspension or revocation of Pharmacists license; that the undersigned agrees fully and promptly to comply with the applicable federal laws, laws of the State of Montana, and the rules and regulations of the Board of Pharmacy governing this application, applicants business, and the sale of permitted drugs, pharmaceuticals, and commodities.

24.174.805 CHANGE OF PHARMACIST-IN-CHARGE (1) When the pharmacist-in-charge of a pharmacy leaves the employment of such pharmacy, the pharmacist will be held responsible for the proper notification to the board of such termination of services.

(2) Within 72 hours of termination of services of the pharmacist-in-charge, a new pharmacist-in-charge must be designated and an affidavit filed with the board. The license will then be updated to indicate the name of the new pharmacist-in-charge.

Signature \_\_\_\_\_

**\*Please retain a copy of this form in the pharmacy and send the original to the Board office\***



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**PHARMACIST-IN-CHARGE AGREEMENT**  
**(NON-PHARMACIST OWNER)**

For purposes of satisfying the intent of 24.174.1104 ARM, the following agreement has been entered into and submitted to Montana Board of Pharmacy, PO Box 200513, Helena, MT 59620-0513:

I, \_\_\_\_\_, duly designated agent for the  
\_\_\_\_\_ (owner/corporation) do hereby vest exclusive authority  
in \_\_\_\_\_, a licensed pharmacist in the State of Montana, and  
Pharmacist-in-Charge for the \_\_\_\_\_ pharmacy, certified pharmacy  
license number \_\_\_\_\_ to perform as follows:

That \_\_\_\_\_, R.Ph., license number \_\_\_\_\_, shall have exclusive authority to make and implement any decision which may directly or indirectly involve compliance with any of the provisions of Title 37, Chapter 7, Montana Code Annotated and Chapter 174 of the Administrative Rules of Montana. That the parties hereto expressly agree and understand that in no event shall any person or persons, by virtue of his or their position in the corporation or for any other reason, substitute his or their judgment for that of the pharmacist-in-charge on matters involving the aforementioned compliance; that the parties further agree and understand that the continued right of the corporation to own and operate this pharmacy is contingent upon the existence and implementation of this agreement; and that the corporation agrees and understands that at such time as a new pharmacist-in-charge is designated, that a new agreement must be executed with that person and submitted to the Montana Board of Pharmacy.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Agent for the Corporation

\_\_\_\_\_  
Pharmacist-in-Charge

\*Please retain a copy of this form and send the original to the Board office\*

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**LICENSE REQUIREMENTS FOR MONTANA DANGEROUS DRUG ACT**  
**50-32-301 MCA**  
**24.174.1401 Dangerous Drug Act**

- ◆ Complete a Certified Pharmacy Institutional application or Montana License Number if already licensed as a Certified Pharmacy and adding dispensing to license
- ◆ Complete the Dangerous Drug Act application if this pharmacy will be dispensing controlled substances

**FEE: \$75 – (Non-Refundable) - Dispense under the Montana Dangerous Drug Act**

**APPLICATION PROCEDURES:**

- ◆ When the application file is complete, it will be processed. The applicant may be notified if additional information is required.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

**PROCESSING PROCEDURES**

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a permanent license will be issued.

**For information with regard to the processing of this application or other concerns please contact the Board of Pharmacy staff at [pharmacy.mt.gov](http://pharmacy.mt.gov) or email at [dlibsdpba@mt.gov](mailto:dlibsdpba@mt.gov)**

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**APPLICATION FOR REGISTRATION UNDER THE MONTANA DANGEROUS DRUG ACT**

Dispense

Business Name: \_\_\_\_\_

Authorized Individual: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA Registration Number: \_\_\_\_\_ Federal Tax I.D. Number: \_\_\_\_\_

Montana License Number if already licensed and adding dispensing to license \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of applicant or authorized individual)

Title \_\_\_\_\_

**NOTE:**

The application for DEA Number may be obtained at [www.dea.gov](http://www.dea.gov)  
DEA will be notified when a Montana Pharmacy license has been issued

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## **PHARMACY TECHNICIAN UTILIZATION PLAN**

### **LICENSE REQUIREMENTS:**

- ◆ Complete an Institutional Pharmacy application or Montana license number if already licensed
- ◆ Summary of the utilization plan to include requirements set forth in ARM 24.174.701-715; and 37-307, 37-7-308 and 37-7-309, MCA:
  - Name and qualifications of the supervising pharmacist(s)
  - Nature and location of the supervising pharmacist's pharmacy practice
  - Summary of the tasks delegated by the pharmacist and the methods by which a supervising pharmacist may verify and document the tasks. "Verify" means the personal confirmation by a supervising pharmacist of the correctness of the tasks undertaken by the pharmacy technician.

### **FEES \$75 (Non-Refundable)–Application Fee**

**\*\*Make check or money order payable to the Montana Board of Pharmacy\*\***

### **DOCUMENTS**

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application:

- ◆ **Cop of the Technician Utilization Plan**

### **APPLICATION PROCEDURES**

- ◆ When the application file is complete, it will be processed and considered by Board staff for approval. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

### **PROCESSING PROCEDURES**

- ◆ Once a routine application is complete, the application takes up to 5 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.

### **ADDITIONAL STATUTE AND RULE INFORMATION**

- ◆ Keep on file in the pharmacy a copy of the utilization plan for inspection by the Board
- ◆ Annual review of the utilization plan and provide documentation to the Board that the plan accurately reflects the current use of the services of a pharmacy technician or auxiliary

**For information with regard to the processing of this application or other concerns please contact the Board of Pharmacy staff email at [dlibsdpba@mt.gov](mailto:dlibsdpba@mt.gov) or visit the website at: [pharmacy.mt.gov](http://pharmacy.mt.gov)**

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Pharmacy Technician Utilization Plan

PHARMACY NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

**ATTACH A COPY OF THE PHARMACY'S TECHNICIAN UTILIZATION PLAN**

**SUPERVISING PHARMACIST(S)**

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

**PHARMACY TECHNICIAN(S) EMPLOYED IN THE PHARMACY**

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

I (we) do solemnly swear and affirm that I (we) have read and understood the Montana Pharmacy Technician Utilization Plan statutes and rules and that all statements made in this application for approval are true and correct in all respects.

**SIGNATURE(S) OF SUPERVISING PHARMACIST(S)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You must submit any amendments to this plan to the Montana Board of Pharmacy office in writing within 10 days of the changes.

I authorize the release of information concerning my 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 under penalty of perjury the information included in my 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 \_\_\_\_\_ Date \_\_\_\_\_