

**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) 841-2300 or 2355 FAX (406) 841-2344**  
**E-MAIL: [dlibspha@mt.gov](mailto:dlibspha@mt.gov) WEBSITE: [pharmacy.mt.gov](http://pharmacy.mt.gov)**

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 ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE**

**LICENSE REQUIREMENTS 24.174.830 LIMITED SERVICE PHARMACY:**

- ◆ A limited service pharmacy is defined as a family planning clinic:
  - (a) operating under contract with the Department of Public Health and Human Services (DPHHS);
  - or**
  - (b) providing pharmaceutical care under the review of a consulting pharmacist and dispensing legend drugs, but which is not under contract with DPHHS.
- ◆ Each limited service pharmacy must apply for a license from the board and submit the required fee.
- ◆ The Board shall grant a license to operate a limited service pharmacy to qualified applicants. A licensed family planning clinic may operate satellite locations under the same license if identified on the application.
- ◆ A limited service pharmacy is not required to employ a licensed pharmacist.
- ◆ A limited service pharmacy dispensing legend drugs other than factory, prepackaged contraceptives must disclose the name, address, telephone number, and title of the designated person in charge of the limited service pharmacy. The person in charge is responsible for the limited service pharmacy's compliance with all applicable state and federal statutes and rules. A person in charge may be responsible for multiple sites.
- ◆ Nothing in this rule is meant to limit or restrict the authority of a registered nurse employed by a family planning clinic, operating under contract with DPHHS, from dispensing factory, prepackaged contraceptives as authorized by [37-2-104](#), [37-7-103](#), or [50-31-307](#), MCA.
- ◆ Schematic Drawing (floor plan) of the pharmacy drug storage area including security information
- ◆ Person-in-Charge form

**FEE:**

**\$45 (Non-Refundable) – Pharmacy 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 the license application. Please make 8 ½" x 11" copies of the following and submit with the application:

- ◆ Schematic Drawing (floor plan) of the pharmacy drug storage area including security information
- ◆ Person-in-Charge Agreement

**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.

### 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. The pharmacy license must be posted in a conspicuous place in the pharmacy.

### ADDITIONAL RULE INFORMATION:

- ◆ A limited service pharmacy must display its license in a conspicuous place at the facility.
- ◆ The board may annually inspect limited service pharmacies, including any satellite locations. The board may inspect more often for cause. Such inspections must include assurance that the limited service pharmacy provides adequate:
  - (a) drug labeling;
  - (b) counseling materials to all patients, including the name of the limited service pharmacy's consulting pharmacist, where required;
  - (c) contact information of a knowledgeable individual at the clinic in the event of an adverse reaction;
  - (d) records maintenance and retention; and
  - (e) drug storage and security.
- ◆ A registered nurse or provider with prescriptive authority, employed by a family planning clinic operating under contract with DPHHS, may dispense oral antibiotics used to treat Chlamydia to a patient diagnosed with Chlamydia and to a sexual contact or partner of a patient diagnosed with Chlamydia. All appropriate records shall be maintained on-site. The antibiotics dispensed must:
  - (a) be prepackaged and properly labeled in accordance with state law;
  - (b) include appropriate counseling materials informing the patient of the potential risks involved in taking the drug; and
  - (c) contain contact information for the healthcare provider or a consulting pharmacist to provide advice or answer questions.
- ◆ **Change in Location** – whenever a limited service pharmacy changes physical location, including within the existing business location, it shall submit a new schematic or floor plan, for Board approval.  
Whenever a limited service pharmacy changes its physical location outside of its then existing business location, its original license becomes void and must be surrendered. The limited service pharmacy shall submit a new license application, including a new schematic and floor plan of the new location, for the Board's approval at least 30 days before such change occurs.
- ◆ **Change of Person-in-Charge** – when the person-in-charge leaves the employment of such limited service pharmacy, the person will be held responsible for the proper notification to the Board of such termination of services. Within 72 hours of termination of services of the person-in-charge, a new person-in-charge must be designated and an affidavit filed with the Board.
- ◆ **Pharmacy Closure** - Upon closure of a limited service pharmacy, the original license becomes void and must be surrendered to the Board within ten days.
- ◆ **Pharmacy Compliance** – All new limited service pharmacies shall be in compliance with **ARM 24.174.830** at the time the limited service pharmacy is opened for business.

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

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE OPERATION OF A LIMITED SERVICE PHARMACY ON THE WEBSITE

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**WEBSITE: pharmacy.mt.gov**

**Application for Licensure as Limited Service Pharmacy:**

1. FAMILY PLANNING CLINIC NAME: \_\_\_\_\_  
(OPERATING UNDER CONTRACT WITH THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
(DPHHS))

**OR**

FAMILY PLANNING CLINIC NAME: \_\_\_\_\_  
(PROVIDING PHARMACEUTICAL CARE UNDER THE REVIEW OF A CONSULTING PHARMACIST AND  
DISPENSING LEGEND DRUGS, BUT WHICH IS NOT UNDER CONTRACT WITH DPHHS)

2. MAILING ADDRESS: \_\_\_\_\_

3. PHYSICAL ADDRESS: \_\_\_\_\_

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

4. TELEPHONE: \_\_\_\_\_ FAX \_\_\_\_\_

5. TAX ID NUMBER: \_\_\_\_\_

6. PLEASE LIST THE NAME, ADDRESS, EMAIL ADDRESS, TELEPHONE OF SATELLITE LOCATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. PERSON-IN-CHARGE:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

TELEPHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

8. Has this business or the person in charge of this business who is listed on the application ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

9. Has this business or the person in charge of this business who is listed on the application ever withdrawn an application for licensure prior to the licensing agency's

decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

10. Has the person in charge of this business who is listed on this application ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

11. Has the person in charge of this business who is listed on this application ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

12. Has the person in charge of this business who is listed on this application ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

13. Has a licensing agency initiated or completed disciplinary action against this business or the person in charge of this business who is listed on this application? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  Yes  No

14. Has this business or the person in charge of this business who is listed on this application voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

15. Has a complaint ever been made against this business or person in charge of this business who is listed on this application with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

16. Has this business or the person in charge of this business who is listed on this application ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

17. Has this business or the person in charge of this business who is listed on this application ever been censured, expelled, denied membership or asked to resign from a professional organization related to the profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

18. Has this business or the person in charge of this business who is listed on this application ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding the ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

19. Does this business or the person in charge of this business who is listed on this application have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

20. Have any civil legal proceedings been filed against this business or the person in charge of this business who is listed on this application by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  Yes  No

21. Does this business or the person in charge of this business who is listed on the application ever been convicted of a misdemeanor or felony crime or have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If answered yes, a detailed explanation must be submitted on the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.

Yes  No

22. Has the person in charge of this business who is listed on this application ever been diagnosed with chemical dependency or another addiction, or participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.

Yes  No

23. Has the person in charge of this business who is listed on this application ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.

Yes  No

24. Has the person in charge of this business who is listed on this application ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.

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 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 of Applicant

\_\_\_\_\_  
Date

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**PERSON-IN-CHARGE FORM**

**LICENSE REQUIREMENTS 24.174.830(6) ARM LIMITED SERVICE PHARMACY:**

- ◆ Complete the Limited Service Pharmacy application
- ◆ Submit the Person-in-Charge form
- ◆ A limited service pharmacy is not required to employ a licensed pharmacist.
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**STATEMENT OF PERSON-IN-CHARGE**

Name of Family Planning Clinic \_\_\_\_\_ License # \_\_\_\_\_

Address of Family Planning Clinic \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner of Family Planning Clinic \_\_\_\_\_

That he/she is the Person-in-Charge of the above named Family Planning Clinic and will be the Person-in-Charge until the present license expires; that if the undersigned ceases to be Person-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 disciplinary action; 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 dispensing of permitted medications.

Signature \_\_\_\_\_

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