



## Montana Board of Pharmacy

PO Box 200513  
301 S Park, 4<sup>th</sup> Floor  
Helena, MT 59620-0512  
Phone: 406-444-6880  
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Email: [dlibsdpah@mt.gov](mailto:dlibsdpah@mt.gov) Website: [www.pharmacy.mt.gov](http://www.pharmacy.mt.gov)

## Licensing Requirements and Application Checklist PHARMACIST

### License Requirements for Pharmacist

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

Licensing Requirements: MCA [37-7-105](#), MCA [37-7-201](#), MCA [37-7-301](#), MCA [37-7-302](#), and  
ARM [24.174.401](#), ARM [24.174.501](#), ARM [24.174.502](#), ARM [24.174.602](#)

1. Licensure by **Examination** (ARM 24.174.401, ARM 24.174.501)
  - a. Graduation from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy. (MCA 37-7-302)
  - b. Submit Certificate of Pharmacy Education. (MCA 37-7-302)
  - c. Completion of 1500 documented Intern hours. (ARM 24.174.602)
  - d. Passage of the North American Pharmacist Licensure Examination® (NAPLEX), the national licensing exam administered by the National Association of Boards of Pharmacy (NABP). (ARM 24.174.501)
  - e. Passage of the Multistate Pharmacy Jurisprudence Examination® (MPJE), the Montana law exam administered by NABP. (ARM 24.174.502)
2. Licensure by License **Transfer/Credentialing** from Another State (ARM 24.174.401, ARM 24.174.502)
  - a. Apply for licensure transfer through NABP's Electronic Licensure Transfer Program® (e-LTP).
  - b. Apply to NABP for the MPJE examination and pass MPJE.
  - c. Verification of all professional licenses you hold or ever have held; not required for licenses verified by NABP through e-LTP.
3. Licensure as a **Foreign Graduate** (ARM 24.174.401, ARM 24.174.501)
  - a. Interview before the Board of Pharmacy.
  - b. 1500 hours of internship in the United States.
  - c. Receive a Foreign Pharmacy Graduate Examination Committee (FPGEC) Certification from NABP, which includes the following:
    - Foreign Pharmacy Graduate Equivalency Examination (FPGEE)
    - Test of Spoken English (TSE); and
    - Test of English as a Foreign Language (TOEFL)
  - d. Achieve NABP minimum scores on all tests and examinations.
4. Immunization certification for adding the **immunization** endorsement on license. (MCA 37-7-105)

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 Pharmacist**

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. Others, such as transcripts, may need to be sent to the board directly from the source.

- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type.
- Photo and email address.
- Indicate if applying by examination or by transfer/credentialing from another state.
  - If applying for licensure by examination:
    - Submit a Certificate of Pharmacy Education from the school where you graduated;
    - Provide proof that 1500 Intern hours were completed.
  - If applying for license transfer/credential, complete the NABP e-LTP license transfer application.
- If a foreign pharmacist graduate, submit proof of FPGE Certification issued by NABP; provide proof that 1500 Intern hours were completed.
- Indicate if applying to take the NAPLEX and/or MPJE exams.
  - Apply through NABP to take NAPLEX and MPJE (the Board of Pharmacy will make an applicant eligible to test).
- If immunization certified, submit proof of certification and CPR training for immunization endorsement.
- If you answered yes to discipline questions:
  - Include a detailed explanation on the event(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 Pharmacist**

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 payable to the Montana Board of Pharmacy. Do not mail cash.

- \$70 Application Fee
- \$180 License Transfer/Credential Application Fee (online application and separate fee through NABP)
- \$35 NAPLEX National Licensing Exam Fee (register and pay separate fee through NABP)
- \$25 MPJE Law Exam Fee (register and pay separate fee through NABP)

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.

AFFIX PHOTO  
HERE  
PASSPORT SIZE

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### Application for Licensure as a Registered Pharmacist:

Montana Application (\$70)     License Transfer/Credentialing from Another State (\$180)

Foreign Graduate

#### EXAMINATIONS:

MPJE (\$25)     NAPLEX (\$35)

1. FULL NAME: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
2. OTHER NAME(S) KNOWN BY \_\_\_\_\_
3. BUSINESS NAME \_\_\_\_\_  
(Indicate employment location if available)
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. BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ 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 license if granted.)

#### Character, Endorsement, and Discipline Questions

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

10. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation.  Yes  No
11. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results.  Yes  No
12. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation.  Yes  No
13. Are you requesting the immunization certification endorsement on your license? If yes, attached proof of immunization certification and CPR training.  Yes  No

14. List all professional licenses, registrations, or certificates you hold or **ever** have held. **You are not required to verify a license that is verified by the NABP license transfer process e-LTP.**

State	License #	Issue Date	Expiration Date	Type of License

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.

## 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.

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|--|-----|----|
| 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.

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Signature of Applicant

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Date

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

**CERTIFICATE OF PHARMACY EDUCATION**

- This form only needs to be completed if applying to take the NAPLEX.
- The applicant must forward this form to the pharmacy school for certification of applicant's pharmacy degree)

It is hereby certified that \_\_\_\_\_ attended the \_\_\_\_\_ School of Pharmacy from \_\_\_\_\_ to \_\_\_\_\_ and graduated on \_\_\_\_\_ with a Doctorate in Pharmacy.

\_\_\_\_\_  
(Seal of School) \_\_\_\_\_  
President, Dean or Registrar Signature

\_\_\_\_\_  
Date Certified

## **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 TO PRACTICE. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.**

You are not required to verify a license that is verified on the NABP transfer form.

**STATE BOARD:**

I am applying for a license to practice as a Pharmacist in the State of Montana and the Board of Pharmacy requires this form to be completed by each state wherein I hold or ever have held licensure. 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 PHARMACY**

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

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

License No. & Type \_\_\_\_\_ 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 \_\_\_\_\_

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

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

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

**BOARD SEAL**