

MONTANA BOARD OF PHARMACY
(301 S PARK, 4TH FLOOR, HELENA, MT 59601 - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
PHONE (406) 841-2300 FAX (406) 841-2344
E-MAIL: dlibsdp@mt.gov WEBSITE: www.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)

REGISTERED PHARMACISTS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE

LICENSE REQUIREMENTS: 24.174.501-502 ARM and 37-7-302 MCA

Licensure by Examination:

- ◆ Applicants must have graduated from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy
- ◆ Proof of 1500 documented intern hours
- ◆ Applicants are required to pass NAPLEX **and** MPJE
- ◆ Montana Application
- ◆ Certificate of Pharmacy Education
- ◆ Verification of all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory

Licensure by License Transfer/Credentialing from Another State:

- ◆ Montana Application
- ◆ Apply for NABP Transfer/Endorsement Application
- ◆ Applicants are required to register with the NABP for the MPJE examination and pass MPJE
- ◆ Verification of all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province territory. You are not required to verify a license that is verified by the NABP transfer form.

FEES: \$120.00 (Non-Refundable) Montana Application
\$300.00 (Non-Refundable) Application fee for Transfer or Credentialing from another State

\$25.00 MPJE

\$35.00 NAPLEX

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

These fees do not include fees payable to the National Association of Boards of Pharmacy (NABP)

PHOTO: Attach photo to the application. Passport size is preferable

DOCUMENTS:

- ◆ **Transfer/Endorsement**
Official NABP document - Please complete the NABP license transfer application available at www.nabp.net

FOREIGN GRADUATES:

- ◆ Interview before the Board of Pharmacy or its designee
- ◆ 1500 hours of internship in the United States

- ◆ **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)
- ◆ NABP minimum passing scores must be achieved on all tests and examinations

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.
- ◆ An application expires one year from the date it was received.

For information with regard to the processing of this application or other concerns please contact the Board of Pharmacy email at dlibsdp@mt.gov or visit the website at: pharmacy.mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF REGISTERED PHARMACIST AT THE WEBSITE

13. 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 transfer form.**

State	License #	Issue Date	Expiration Date	Type of License

14. Have you ever had an application for a professional or occupation license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

15. Have you 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

16. Have you 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

17. Have you 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

18. Have you 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

19. Has a licensing agency initiated or completed disciplinary action against Any professional or occupational license you have held? 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

20. Have you ever 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

21. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

22. Have you 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

23. Have you 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

24. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your 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

25. Do you 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

26. Have any civil legal proceedings been filed against you 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

27. Have you ever been convicted of a misdemeanor or felony crime or do you 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 you answer yes, a detailed you must submit a detailed explanation 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

28. Have you ever been diagnosed with chemical dependency or another addiction, or have you 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

29. Have you 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

30. Have you ever been court-martialed 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 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 of Applicant

Date

This form only needs to be completed if applying to take the NAPLEX.

CERTIFICATE OF PHARMACY EDUCATION

(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 _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____ Date: _____