

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

APPLICATION REQUIREMENTS 24.174.604 ARM PRECEPTOR REQUIREMENTS:

- ◆ Apply for Board approval to be a preceptor
- ◆ Actively engaged in the practice of pharmacy for one year unless otherwise approved by the Board or other approved disciplines
- ◆ Engaged in active practice while acting as preceptor
- ◆ Not been convicted of violation of any statutes or rules relating to pharmacy within three years prior to application
- ◆ Complete a training course as approved by the Board. Course is available at: pharmacy.mt.gov

ADDITIONAL RULES AND STATUTES:

- ◆ Be acutely aware of the responsibilities governing professional conduct in this State of Montana
- ◆ Have current knowledge of developments in the profession by exhibiting such attendances, readings, and actions which conform to the best traditions of pharmacy
- ◆ Make such reports and certifications as required under the approved program
- ◆ Notify the Board of any change of address or employment within 30 days. Change of employment shall serve to suspend preceptor approval until such time as reevaluation is made by the Board
- ◆ Not permitted to leave an intern work alone to assume the responsibility of a pharmacist
- ◆ The repackaging, labeling, and dispensing of drugs for distribution shall be under the supervision of a supervising pharmacist
- ◆ A supervising pharmacist may only supervise one student in introductory preceptor practice experience (IPPE) at any time
- ◆ A supervising pharmacy may supervise no more than three persons at one time (including technicians, interns and students) unless an exception is specifically granted by the Board.
- ◆ A pharmacist preceptor may supervise two students at a time if the students are completing an advance pharmacy practice experience (APPE) through an approved school of pharmacy

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.

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

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

(301 S. Park Avenue, 4th Floor, HELENA, MT 59601 – DELIVERY)
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2300 FAX (406) 841-2344
EMAIL: dlibsdp@mt.gov WEBSITE: pharmacy.mt.gov

PRECEPTOR APPLICATION

Full Name _____

License # _____ State _____

Date Granted _____

The pharmacy in which you are engaged in practice:

Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

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-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 hereby certify that I am willing to assume the responsibility of supervising the activities of a Pharmacy Intern as outlined in the regulations of the Board of Pharmacy and will report to the Board as requested On the progress and aptitude of any Pharmacy Intern under my supervision.

Applicant's Signature

Date

If pharmacy owned or managed by other than the applicant for certification as a preceptor, the following must be signed:

I hereby certify that I am willing to have the herein name applicant serve as a Preceptor and will permit said Preceptor to supervise an intern in pharmacy.

Signature of Pharmacy Supervisor, Manager or Administrator

Date