

MONTANA BOARD OF PHARMACY
P. O. Box 200513
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Helena, Montana 59620-0513
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INACTIVE PHARMACIST REQUEST FORM

Montana Pharmacist License Number: _____ Date of Request for Inactive Status: _____

Pharmacist Name: _____

Address (Home): _____

City: _____ Date: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Current Place of
Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

INFORMATION REGARDING INACTIVE STATUS:

- The fee for Inactive Pharmacist Status is \$15.00. Applications postmarked after June 30 will be assessed a penalty fee of \$15.00, increasing the total amount due to \$30.00.
- A pharmacist with an inactive Montana license may not practice in Montana for the period of inactive licensure.
- A pharmacist with an inactive Montana license must comply with the continuing education requirements of Montana and is subject to the annual audit of continuing education.
- A pharmacist with an inactive Montana license must renew the inactive license annually.
- A pharmacist must contact the Board office to reactivate an inactive Montana license:

1) Inactive Status three years or less, whether or not the pharmacist has been in practice in another state:

- a) Submit a written request for status change to the Board.
- b) Pay either the difference between the current inactive and active license renewal fees if the change occurs between renewal periods **or** the full active license renewal fee if the change occurs during the regular renewal period.
- c) Certify that: no disciplinary action has been taken by any state or federal jurisdiction which would prevent or restrict the pharmacist's practice of the profession and the pharmacist has not surrendered any credential or privilege in the practice of the profession in lieu of or to avoid formal action.
- d) Submit verification of active practice from the state(s) in which practice occurred
- e) Provide proof that continuing education requirements for the period of inactive licensure have been satisfied

- 2) Inactive Status of three to five years, who has not been in active practice in another U.S. state:**
- a) Submit a written request for status change to the Board.
 - b) Pay either the difference between the current inactive and active license renewal fees if the change occurs between renewal periods **or** the full active license renewal fee if the change occurs during the regular renewal period.
 - c) Certify that: no disciplinary action has been taken by any state or federal jurisdiction which would prevent or restrict the pharmacist's practice of the profession and the pharmacist has not surrendered any credential or privilege in the practice of the profession in lieu of or to avoid formal action.
 - d) Submit verification of active practice from the state(s) in which practice occurred.
 - e) Provide proof that continuing education requirements for the period of inactive licensure have been satisfied.
 - f) Complete an appropriate internship of 300 hours **or** take and pass the North American Pharmacist Licensure Examination (NAPLEX).
 - g) Take and pass the Multistate Pharmacy Jurisprudence Examination (MPJE) for the state of Montana.
- 3) Inactive Status of five years or more, who has not been in active practice in another U.S. state:**
- a) Submit a written request for status change to the Board.
 - b) Pay either the difference between the current inactive and active license renewal fees if the change occurs between renewal periods **or** the full active license renewal fee if the change occurs during the regular renewal period.
 - c) Certify that: no disciplinary action has been taken by any state or federal jurisdiction which would prevent or restrict the pharmacist's practice of the profession and the pharmacist has not surrendered any credential or privilege in the practice of the profession in lieu of or to avoid formal action.
 - d) Submit verification of active practice from the state(s) in which practice occurred.
 - e) Provide proof that continuing education requirements for the period of inactive licensure have been satisfied.
 - f) Complete an appropriate internship of 300 hours.
 - g) Take and Pass the North American Pharmacist Licensure Examination (NAPLEX).
 - h) Take and pass the Multistate Pharmacy Jurisprudence Examination (MPJE) for the state of Montana.
- 4) Inactive status for more than three years who has been in active practice in another U.S. state:**
- a) Written request for status change to the Board.
 - b) Pay either the difference between the current inactive and active license renewal fees if the change occurs between renewal periods **or** the full active license renewal fee if the change occurs during the regular renewal period.
 - c) Certify that: no disciplinary action has been taken by any state or federal jurisdiction which would prevent or restrict the pharmacist's practice of the profession; the pharmacist has not surrendered any credential or privilege in the practice of the profession in lieu of or to avoid formal action.
 - d) Submit verification of active practice from the state(s) in which practice occurred.
 - e) Provide proof that continuing education requirements for the period of inactive licensure have been satisfied.
 - f) Take and pass the Multistate Pharmacy Jurisprudence Examination (MPJE) for the state of Montana.

CONTINUING EDUCATION STATEMENT:

- You are required to obtain 1.5 CPE units or 15 clock hours with a minimum of .5 CPE units to be obtained in approved group settings within the twelve months prior to June 30 in order to renew your license.
- Carryover CPE from the previous twelve months may be used to satisfy this requirement.
- An additional 15 hours may be accumulated and applied to the following fiscal year (07-1 to 06-30).
- Once approved, a course may not be used more than once to satisfy this requirement.
- New graduate pharmacists renewing for the first time are exempt from this requirement. Pharmacists residing in another state are required to meet Montana's requirements for continuing pharmacy education.
- The Board will be conducting a random audit of licensees following the renewal cycle to insure compliance.
- If you are among those selected, you will be notified after August 15 to submit documentation that you have completed the requirement.

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.174.2104, and that I may be audited for compliance with these requirements. If I am found to be out of compliance with these requirements, I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the law or rules stated above.

No Not applicable - first time renewing Montana license.

MILITARY EXEMPTION: Section 37-1-138, MCA, provides for activated military reservists to defer the collection of license fees, continuing education requirements, and the suspension of certain disciplinary actions for persons in military service who affirmatively request that their license be placed on inactive status. Therefore, upon receipt of a copy of the reservist's orders to Federal active duty and submission of this completed form, the board will place such person's license on Inactive Reserve status.

Yes No **Have any legal or disciplinary actions been instituted against you or any of your professional licenses since either your initial licensure in Montana or since you renewed your license, whichever occurred latest?** If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

By submitting this application, I am declaring under penalty of perjury that my renewal application is true and complete and that I have complied with the continuing pharmacy education requirements and that I am aware that a false statement may lead to discipline against my license. I have read and understand the information regarding inactive pharmacist license.

Your signature: _____ Date: _____

Telephone #: _____

DO NOT SEND CASH