

Board of Pharmacy  
301 South Park  
P.O. Box 200513  
Helena, MT 59620-0513  
(406) 444-6880  
[dlibsdpaha@mt.gov](mailto:dlibsdpaha@mt.gov)

## RENEWAL APPLICATION

License No.

Check for New Email

Name

Address

City

State

Zip Code

Your **MONTANA WHOLESALE DRUG DISTRIBUTOR** license will expire on November 30, 2018.

**IMPORTANT FEE NOTICE:** For the 2018/2019 renewal cycle, there are **NO (zero, \$0) renewal fees for facilities, individuals, and endorsements. If a renewal is submitted after the official renewal cycle deadline of 11/30/18, the full renewal fee, late fee, and all endorsement fees, will apply. You must still submit the renewal paperwork electronically or by mail for your license to be renewed. This fee abatement applies to this renewal cycle only.**

Please check the following licenses you wish to renew:

- Wholesale Drug Distributor \$0.00 (if postmarked after November 30, \$480.00)
- Dangerous Drug Distributor \$0.00 (if postmarked after November 30, \$200.00)
- Dangerous Drug Manufacturer \$0.00 (if postmarked after November 30, \$200.00)
- Medical Gas Supplier \$0.00 (if postmarked after November 30, \$150.00)
- Medical Gas Distributor \$0.00 (if postmarked after November 30, \$150.00)

TO RENEW ONLINE GO TO: <https://ebiz.mt.gov/pol> OR:

- 1) Complete the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Submit a renewal form with zero payment if submitted by November 30.
- 4) Renewals with a U.S. Postal Service postmark after November 30 will be assessed a 100% late fee and must pay the amount as listed above. Make payable to the Board of Pharmacy. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 5) Pharmacist/Person-In-Charge (PIC) must sign the completed renewal application.
- 6) Return the completed renewal application and no fee to the Board office postmarked by November 30.
- 7) A renewal returned to a licensee for any reason must be re-postmarked by November 30 to avoid paying the late fee.
- 8) Please contact the Board office for address or name changes.

This business may not operate in Montana after November 30 until this license has been renewed.

All licenses must be posted in a conspicuous place in the pharmacy for which it is issued.

Incomplete or unsigned renewal applications will not be processed and will be returned.

### IDENTIFICATION OF PHARMACIST/PERSON-IN-CHARGE

It is required by 24.174.801(1)(b) ARM, 24.174.1003(1) ARM, or 24.174.1202(1)(c) ARM that a business identify the pharmacist/person-in-charge

YES  NO Has the Pharmacist/Person-in-Charge changed since the last renewal?

If YES, you may not renew this license until the Pharmacist/Person-in-Charge is correct. Please contact the Board office at 406-841-2356 or 406-841-2300 to update this information. You may continue to renew the license once this information is correct.

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.

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**NOTICE OF WHOLESALE DRUG DISTRIBUTOR LICENSURE CHANGES**

- The Board of Pharmacy will be implementing future licensure changes for all Wholesale Drug Distributor (WDD) licensees as required by the Food and Drug Administration and the Drug Quality and Security Act of 2013 (which includes the Drug Supply Chain Security Act).
- 2017 Montana law, Senate Bill (SB) 68, authorizes the Board to change its existing WDD license type, which includes all prescription drug supply chain entities, so that separate license types will be issued for wholesale distributors, third-party logistics providers (3PLs), manufacturers, and repackagers.
- The Board will also be creating a specific license type for devices/durable medical equipment suppliers.
- To assist in a future one-time automatic transition to a new license type, you are required to self-identify what would be your new primary license type based on your business and scope of work. If you have additional business services that warrant an additional license type(s), you will need to submit a new application(s) once such applications are available.

Please self-identify one of the following as the primary license type that applies to your business:

- Wholesale Distributor
- Third-party Logistics Provider (3PL)
- Manufacturer (including Medical Gas)
- Repackager
- Device/Durable Medical Equipment

Please provide a current email address:

PIC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**DO NOT SEND CASH**