

Montana Board of Pharmacy

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0512

Phone: 406-444-6880

Fax: 406-841-2305

Email: dlibsdp@mt.gov Website: www.pharmacy.mt.gov

Licensing Requirements and Application Checklist CLINICAL PHARMACIST PRACTITIONER

License Requirements and Procedures for Clinical Pharmacist Practitioner

Below are the minimum requirements for licensure in the State of Montana:

Licensing Requirements:

- Montana Code Annotated (MCA) [37-7-101](#), MCA [37-7-105](#), MCA [37-7-201](#), MCA [37-7-301](#), MCA [37-7-302](#), MCA [37-7-306](#)
- Administrative Rules of Montana (ARM) [24.174.524](#), ARM [24.174.525](#), ARM [24.174.526](#), ARM [24.174.527](#), ARM [24.174.528](#)

Licensing Procedures:

1. Submit an application, fee, and corresponding documents.
2. Hold an active, unrestricted Montana pharmacist license.
3. Completed the years of experience that meet the requirements for Board of Pharmacy Specialties (BPS) certification or other equivalent national certification, and hold one of the following active certifications:
 - a. BPS certification; or
 - b. Nationally recognized certification equivalent to BPS certification standards in an area of practice as approved by the Board of Pharmacy and the Board of Medical Examiners.
4. Submit a signed collaborative practice agreement that includes a description of the type of supervision the collaborative practitioner will exercise over the Clinical Pharmacist Practitioner.
5. Following approval by the Board of Pharmacy, the application will be reviewed by the Board of Medical Examiners for approval.
6. Appearance before the board(s) may be requested (teleconference or in-person is acceptable).
7. If approved by both boards, the Board of Pharmacy will add a Clinical Pharmacist Practitioner endorsement to your pharmacist license and issue an updated license.

PLEASE REVIEW THE MONTANA LAWS AND RULES AT www.pharmacy.mt.gov.

Checklist of Required Documents to Submit for Application for Clinical Pharmacist Practitioner

The following documents and additional forms are required in addition to the basic application.

- Statement summarizing your current and past clinical practice experience, and, if applicable, residency training.
- Copy of current collaborative practice agreement.
- Copy of BPS or equivalent certification.
- Resume and/or CV.
- Email address and phone number.
- If you answered yes to personal history question(s), submit specific information/documents associated with the question.

Application Fee for Clinical Pharmacist Practitioner

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.

- \$25 Application Fee

You can apply for a license using a paper application from the website.

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.

[Go to Next Page for Application]

MONTANA BOARD OF PHARMACY
P. O. Box 200513
(301 S PARK, 4TH FLOOR HELENA MT 59601- Delivery)
Helena, Montana 59620-0513
PHONE (406) 444-6880 FAX (406) 841-2305
E-MAIL: dlibspha@mt.gov WEBSITE: www.pharmacy.mt.gov

Application for: CLINICAL PHARMACIST PRACTITIONER

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED

Application Fee: \$25

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ WORK
PHONE _____

LICENSE # _____

EMAIL ADDRESS _____

PRACTICE LOCATION _____

CERTIFICATION TYPE AND ISSUED/EXPIRATION DATES

**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.

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

Signature of Applicant

Date

PLEASE REVIEW THE MONTANA LAWS AND RULES AT www.pharmacy.mt.gov