



STATE BOARD OF PHARMACY

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785) 296-4056
pharmacy@ks.gov Fax (785) 296-8420

**LICENSE APPLICATION:
Pharmacist by Exam
Form LA-01E**

INSTRUCTIONS

All applications must be typed, be complete, and include all fees and supporting documentation before they will be processed by staff. Applicants have an obligation to update and supplement this information and application responses if changes occur. Failure to do so may result in disciplinary action, including, but not limited to, denial of future licenses.

FEES

Enclose a **check or money** order payable to the Kansas State Board of Pharmacy in the amount of \$157.00. You may be eligible for a waiver of the \$57 background check fee (see intern question). Fees are nonrefundable.

SUPPLEMENTAL MATERIAL

Attach a legible copy of your valid driver's license or government-issued photo ID.

Attach a passport-style photo of yourself (head and shoulders) taken no more than 60 days prior to application submission.

License candidates must fill out the Kansas LA-01E Pharmacist by Exam application. This is for applicants who will be taking the NAPLEX or are score transferring their NAPLEX to Kansas. Generally, the application is for new graduates from pharmacy school or foreign educated graduates.

Attach a completed S-100: KBI/FBI Criminal Background Check Form and a completed Fingerprint Card. If you are unable to print the FD-258, you can request one be sent to you using the form available on our website <https://www.pharmacy.ks.gov/licensing-registration/fd-258-fingerprint-card-order-form>.

Proof of one-year pharmaceutical experience from your School of Pharmacy or State Board in the form of at least 1740 intern hours (see page 5). If you received your Intern Hours from another state, you must have the Board of Pharmacy from that state transfer your hours to Kansas. NOT REQUIRED FOR GRADUATES OF KU OR UMKC.

Active-duty military or military spouses, if you are residing in Kansas or planning to reside in Kansas due to the assigned military station, please attach a copy of the relocation orders to Kansas to be exempt from the background check fee, initial, and renewal application fees.

EXAMINATIONS

To register for the NAPLEX, Kansas MPJE or UMPJE go to the NABP website at <https://nabp.pharmacy/programs/examinations/> and click on the individual test link on the main page. Sign up to take the NAPLEX and the Kansas MPJE or UMPJE. Download the NAPLEX/MPJE Registration Bulletin from NABP for the most accurate, updated information about the tests.

For the Kansas Module, please visit <https://www.pharmacy.ks.gov/licensing-registration/umpje>. Kansas Statutes & Regulations for study purposes can be found on the Board website at <https://www.pharmacy.ks.gov/legal/statutes-regs>. These can be downloaded. GRADUATES FROM KU SCHOOL OF PHARMACY ARE EXEMPT FROM TAKING THE KANSAS MODULE.

In order to receive an Authorization to Test (ATT) number, you must be registered for the tests through NABP and the Kansas Board must have received your complete Pharmacist by Exam application. Once that is done, the Kansas Board will review your application and approve you to test through NABP. You will then receive your ATT number from Pearson Vue (NABP's testing vendor). That number is then used to schedule your exam. Pearson Vue locations and scheduling can be found at www.pearsonvue.com/nabp.

Results of the examination for candidates seeking licensure will be posted on the NABP website. You can access your test results on the NABP website by logging in to your e-Profile. Scores are released to the Boards 5-10 business days from the date the candidate completed the exam. Scores will not be given out over the phone. If you do not pass the exam, refer to the NABP website for the retake policy <https://nabp.pharmacy/programs/examinations/>.

FOREIGN GRADUATES

If you are a graduate of a non-accredited pharmacy program located outside of the United States, attach a copy of your **FPGEC certification from NABP**, which includes completion of the FPGE and TOEFL exams.

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IMPORTANT INFORMATION- Continuing Education & Renewal

30 hours of qualifying continuing education must be completed before each renewal. Pharmacists must complete 1 hour of CE provided by the Board for each renewal cycle. This requirement counts toward the 30-hour total required for renewal.

<https://www.pharmacy.ks.gov/licensing-registration/continuing-education>

You will be required to renew every two years before the expiration date printed on your license. Pharmacists can renew online between May 15 and June 30.

CHECKLIST FOR SUBMISSION:

- LA-01E Application
- Driver's License or Government-issued Photo ID
- Passport-style photo
- S-100 KBI/FBI Background Check Form
- FD-258 Fingerprint Card
- Check or Money Order for \$157.00 or \$100
- Proof of one year of pharmaceutical experience from your School of Pharmacy or State Board in the form of at least 1740 intern hours. (Not required for graduates of KU or UMKC)
- Immunization certificate and CPR/BLS certificate, if administering immunizations
- S-150 Form if you answer "Yes" to any Personal History Questions

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APPLICANT INFORMATION

First Name	Middle Name	Last Name	
Name (to be printed on license)		Other Name(s) Used:	
Date of Birth	Birthplace (city, st)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number*
Permanent Mailing Address			
City	State	Zip	County
Home Phone	Cell Phone	Email**	

*Your social security number is required pursuant to 42 U.S.C. 666(a)(13), K.S.A. 74-148 and K.S.A. 39-758, and may be provided to the Kansas Department of Revenue or Kansas Department for Children and Families for child support enforcement purposes upon request

**In accordance with K.S.A. 77-531(a)(3), Applicant consents to service via electronic mail. Service by electronic mail is complete upon transmission.

Yes No **Are you currently registered as an intern with the Kansas State Board of Pharmacy?**
 If yes, what is your intern registration number? _____
 If you are currently registered as a pharmacy intern in Kansas and have already provided fingerprints, you may be eligible for a background check waiver (no S-100 form or fingerprints required). Contact the Board (pharmacy@ks.gov) to confirm eligibility for waiver.

Yes No **Are you a United States citizen?**
 If no, refer to the federal form I-9 list of acceptable documents and submit a copy of:
 One selection from List A OR A combination of one selection from List B AND one selection from List C

Yes No **Are you a member of the military or a military spouse requesting expedited review?**
 If yes, please check one of the following and provide the requested documentation with the application:

- Current military servicemember – military ID
- Military spouse – military spouse ID
- Veteran with honorable discharge – military ID and DD-214

Yes No **Are you active-duty military or a military spouse relocating to Kansas?**
 If yes, please provide a copy of the relocation orders to Kansas for waiver of application fees.

EDUCATION

School or College of Pharmacy	Location (city, st)
Degree Obtained	Date Degree Conferred
NABP eProfile ID	Applying for which exam (select all that apply): <input type="checkbox"/> NAPLEX <input type="checkbox"/> UMPJE/MPJE

EMPLOYMENT PLANS Check one of the following:

<input type="checkbox"/> I am not working as a pharmacist.
<input type="checkbox"/> I am employed as a pharmacist at (Pharmacy Name and Address):

Initials: _____	OFFICE USE ONLY
Permit #: _____	Fee: \$ _____ Date: _____ Check #: _____



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REGISTRATION HISTORY INFORMATION

Provide a history of all pharmacy technician, pharmacy intern, or other healthcare registrations/licenses held in Kansas, other states, districts, or jurisdictions (attach additional sheets, if needed). You will need to provide a copy of the registration or license.

I currently do not hold any healthcare registrations/licenses in Kansas, other states, or jurisdictions.

State	Registration Number	Licensing Board/Entity	License/Registration Classification	Discipline (Yes/No)	Registration Status (active/good standing, expired, suspended, etc.)

ADDITIONAL INFORMATION

Yes No **Are you a party to any collaborative practice agreement (CPA)?**
 If yes, attach a copy of each CPA.

Yes No **Do you or are you planning to administer immunizations?**
 If yes, attach a copy of your immunization certification (a course of study and training, approved by the accreditation council for pharmacy or the board, in vaccination storage, protocols, injection technique, and emergency procedures).

When does your current CPR certification expire? _____

DISCIPLINARY INFORMATION

WARNING: The following questions should be carefully reviewed. The Board may deny an application, limit/suspend/revoke a registration, or issue a fine against anyone that has obtained or attempted to obtain a registration by false or fraudulent means, including misrepresentation on an application (K.S.A. 65-1627). The law does not require this misrepresentation be made intentionally for the Board to take action. The Board contracts with the Kansas Bureau of Investigation to conduct a complete background check on each applicant. Personal history and disciplinary questions must be answered honestly on all applications to avoid negative consequences.

- Yes No **1. Has there been a denial of initial or renewal application, revocation, suspension, voluntary surrender, or any other disciplinary action taken by the State of Kansas or any other jurisdiction against any professional or occupational license or registration held by you?**
- Yes No **2. Have you ever been the subject of any disciplinary action taken against a professional or occupational license or registration?**
- Yes No **3. Are there any pending or unresolved complaints or investigations against you by any licensing authority or professional or occupational association?**
- Yes No **4. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, DEA, or any other federal or state drug enforcement authority?**
- Yes No **5. Do you have any active criminal cases or criminal charges against you? You do not need to report minor traffic violations. For more information on what is a minor traffic violation, please visit www.pharmacy.ks.gov/licensing-registration/personal-history-reporting-resources**
- Yes No **6. Have you been convicted of a crime within the past five years? "Convictions" include a suspended imposition of sentence or entering into a diversion agreement. You do not need to report minor traffic violations, juvenile cases, or convictions that were pardoned or expunged.**
- Yes No **7. Have you been convicted (including suspended imposition of sentence or entered into a diversion agreement) of any of the following crimes? Crimes involving aggravated assault or aggravated battery, illicit substances (possession, distribution, manufacturing, etc.), driving while intoxicated, fraud, firearms, and theft of property or services valued over \$1,500. You do not need to report minor traffic violations, juvenile cases, or convictions that were pardoned or expunged.**

If yes to any of the above questions, please attach Form S-150: Personal History.



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APPLICANT CERTIFICATION

I certify that I have completed a minimum of one year of pharmaceutical experience as required by K.S.A. 65-1631. I certify that the attached photograph is a true likeness of myself and was taken no more than 60 days prior to submission of this application.

I understand that practicing pharmacy impaired is a violation of the Kansas Pharmacy Practice Act. I acknowledge that impairment may include physical, mental, or behavioral health conditions, treated or untreated, that affect my ability to practice pharmacy in a competent, ethical, and professional manner. Finally, I understand that the Kansas Board of Pharmacy encourages me to seek help with any physical, mental, or behavioral health conditions.

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED



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TO BE COMPLETED BY DEAN/REGISTRAR OF COLLEGE OR SCHOOL OF PHARMACY

INSTRUCTIONS

This page should be completed by the Dean or Registrar of the Applicant's College or School of Pharmacy. Students at KU or UMKC Schools of Pharmacy do not need to complete this form.

CERTIFICATE OF GRADUATION

First Name	Middle Name	Last Name
School or College of Pharmacy		Location (city, st)
Degree Obtained		Date Degree Conferred

DATES OF ATTENDANCE (Attach additional pages if needed)

From	To

INTERN HOURS EARNED (must provide one year of pharmaceutical experience per K.A.R. 68-1-3a)

DEAN/REGISTRAR CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that that the information provided herein is true, correct and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

AFFIX COLLEGE SEAL: