

**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 Reciprocity/  
Transfer  
Form LA-01R**

**INSTRUCTIONS**

All applications must 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 \$182.00. You may be eligible for a waiver of the \$57 background check fee (see intern question). Fees are nonrefundable.

**SUPPLEMENTAL MATERIAL**

License transfer candidates must fill out the eLTP application on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). The NABP web site has a link for "Licensure Transfer." Fill out the Licensure Transfer Online Application and complete the Kansas LA-01R application.

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

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>.

**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**

License transfer candidates will be required to take and pass the Kansas MPJE or UMPJE plus Kansas Module. To register for the KS MPJE or UMPJE go to the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). NABP will provide you with your ATT number. Schedule to take the KS MPJE or UMPJE on the NABP website.

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.

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/>.

**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:**

- |   |   |
|---|---|
| <input type="checkbox"/> NABP eLTP application to Kansas                | <input type="checkbox"/> FD-258 Fingerprint Card  |
| <input type="checkbox"/> LA-01R Application                             | <input type="checkbox"/> Check or Money Order for \$182.00                                |
| <input type="checkbox"/> Driver's License or Government-issued Photo ID | <input type="checkbox"/> S-150 Form if you answer "Yes" to any Personal History Questions |
| <input type="checkbox"/> S-100 KBI/FBI Background Check Form            |   |



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**APPLICANT INFORMATION**

First Name		Middle Name		Last Name	
NABP e-Profile ID Number			Date of Submission of NABP eLTP Application:		
Permanent Mailing Address					
City		State	Zip		County
Email*			Social Security Number**		

\*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.

\*\*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.

- 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.
- 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 fingerprints or S-100 form required). Contact the Board (pharmacy@ks.gov) to confirm eligibility.
- 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 or do you want to be an approved preceptor in Kansas?**  
Preceptors are required to have two years of experience as a licensed pharmacist.
- 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? \_\_\_\_\_

Initials: _____	<b>OFFICE USE ONLY</b>		
Permit #:	Fee: \$	Date:	Check #:



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**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](http://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.**

**APPLICANT CERTIFICATION**

*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 and I hereby understand state and federal laws and regulations, which shall include the Kansas Pharmacy Act, the Kansas Controlled Substances Act, and the Kansas Prescription Monitoring Program Act.*

*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.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED