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

LICENSING APPLICATION: Pharmacist – Reinstatement after Revocation

Form LA-65

INSTRUCTIONS

All applications must be typed, be complete, and include all fees and supporting documentation before they will be processed by staff.

Disclosure of information is voluntary. However, failure to disclose all requested information may result in denial of your application. 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 for $57 **plus renewal and late fees** (Contact the Board for the amount). Fees are nonrefundable.

SUPPLEMENTAL MATERIAL

Attach a legible copy of your current driver's license or government-issued photo ID. Attach a passport-style and size photo of yourself taken no more than 60 days prior to submitting this application.
Kansas Residents: Complete a livescan fingerprint submission with your local law enforcement agency and sign the FBI Waiver Form.
Non-Kansas Residents: Attach a completed FBI Waiver Form and a completed FD-258 Fingerprint Card and mail with your application packet https://www.pharmacy.ks.gov/licensing-registration/fd-258-fingerprint-card-order-form

CONTINUING EDUCATION

In order to reinstate your pharmacist license, you will be required to submit proof of continuing education. Any CE hours obtained to reinstate the license may not also be used to meet CE requirements for the pharmacist's next renewal. (Note: 30 hours of CE will be required for the pharmacist's next renewal, no prorated amount will be authorized.)

Complete and attach Form S-200: Continuing Education. Provide the following amount of continuing education as determined by the number of renewal periods since your license lapsed:

One renewal period:	**30 hours** completed during the two years preceding the date of this application
Two or more renewal periods:	**60 hours** completed during the four years preceding the date of this application

EXAMINATION

If it has been more than three years since you had a license in Kansas, you will be required to take and pass an examination approved by the board for reinstatement as a pharmacist.

APPLICANT INFORMATION

Kansas Pharmacist License #	Original License Date		License Revocation Date
First Name	Middle Name		Last Name
Name (to be printed on license)		Other Name(s) Used:	
Date of Birth	Birthplace (city, st)	Gender ☐ M ☐ 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.

Initials: _____ **OFFICE USE ONLY**

Permit #:_____ Fee: $_____ Date:_____ Check #: _____

Revised 08/2026

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☐ 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.

☐ Yes ☐ No **Are you certified to administer immunizations?**
If yes, attach a copy of your immunization certification.
When does your current CPR certification expire? _____

EMPLOYMENT HISTORY

If you have practiced pharmacy since your Kansas license lapsed, name in consecutive order your pharmacy related employment, addresses, and dates of employment. Attach additional pages as needed.

Employer	Address	Dates of Employment (MM/YYYY) From	To
		/	/
		/	/
		/	/

OTHER LICENSES

Provide the state of licensure, date licensed, and whether by reciprocity or examination, and the license number. Please also send verification from each state Board of Pharmacy in the form of a certified letter stating your license is in good standing. Attach additional pages as needed.

State	Date Licensed	Reciprocity or Examination	License #

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LICENSING APPLICATION:
Pharmacist –
Reinstatement after Revocation
Form LA-65

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.

APPLICANT CERTIFICATION

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 _____

WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize ***Kansas Board of Pharmacy*** to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of Public Law (Pub. L.) 92-544. Pursuant to K.S.A. 22-4701 et seq., K.S.A. 22-5001, and 2022Kansas Laws, Ch. 92, § 1 (Senate Sub. for H.B. 2495), the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me employment, licensing, certification, or registration.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council See 5 United States Code (U.S.C.) 552a(b); 28 U.S.C. 534(b);34 U.S.C. 40136, Article IV(c); 28 CFR 20.21(c), 20.33(d), 906.2(d).), and 2022Kansas Laws, Ch. 92, § 1 (Senate Sub. for H.B. 2495).

I understand that my fingerprints will be retained by the KBI and/or the Federal Bureau of Investigation if the Authorized Recipient participates in the state or national Rap Back program for continued suitability for employment, or eligibility for any license, certification, or registration. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, licensed, certified, or registered, the Authorized Recipient shall request my fingerprints be removed from the state and/or national Rap Back program.

FBI PRIVACY ACT STATEMENT

Authority:
The FBI's acquisition, preservation, and exchange of identification records and information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).
Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the Authorized Recipient is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also requires federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:
Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of

WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)

fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses:
The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 U.S.C. 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:
The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness at no cost.

To Challenge Your Kansas Criminal History Record Information (CHRI)
You may also obtain a copy of your Kansas CHRI to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

For further details, including the current fee, visit the following Internet website: http://www.kansas.gov/kbi/info/info_brochures.shtml then find the brochure named "Record Checks for Non-Criminal Justice Purposes".

To Challenge Your National Criminal History Record Information (CHRI)
To obtain a copy of your national CHRI, also known as the Identity History Summary, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34).

Information regarding this process may be obtained at: https://www.fbi.gov/services/cjis/identity-history-summary-checks.

DO NOT SEND THIS FORM TO THE FBI

WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)

I have ____ ***OR*** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under K.S.A. 21-5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information about how to challenge my criminal records for accuracy and completeness.

Signature Date

Printed Name Date of Birth

Residential Address City State Zip

APPLICANT: ***Please return all pages to the Authorized Recipient***

AUTHORIZED RECIPIENT: ***1. Must maintain the original or arrange for KBI to maintain.***
2. Must provide a copy to the applicant.

DO NOT SEND THIS FORM TO THE FBI

Kansas	**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:** Fingerprinting Information Sheet LIVESCAN ONLY

Fingerprinting Information

Applicant: ***The following documents are required to be taken with you to the fingerprinting agency. Failure to provide any of these documents may result in refusal to have fingerprints taken.***

- Government issued photo ID
- Fingerprinting Information Sheet (this form)

Fingerprinting agency: ***Please verify identity with government issued photo ID.*** **THIS AGENCY HAS BEEN APPROVED BY THE KBI. PLEASE SUBMIT COMPLETED FINGERPRINT SUBMISSION VIA LIVESCAN. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE KBI IDENT UNIT AT 785-999-1035.**

Military ID's: ***THIS IS FOR ACTIVE MILITARY SPOUSES ONLY. Please enter this in the MISC dropdown box of your livescan. This is important for billing reasons.***

Branch: _____ ID Number: _____

Fingerprint Card Type:

42 Civil – State and Federal Identification Fee

Reason Fingerprinted:

☐ 89 – KS Board of Pharmacy - KSA 65-1696

Processing Fee Code:

☐ Fee Billed to Agency

Originating or Agency Account Number (AAN):

☐ KS920152Z – Kansas Board of Pharmacy

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REGISTRATION APPLICATION: Personal History
Form S-150

Applications will not be processed until all required statements and documents are received.

INSTRUCTIONS

If you answered 'Yes' to any of the personal history questions on an application or renewal, you must fully and truthfully report any active criminal cases or charges, any convictions within the last five years, and any convictions of any of the following crimes. Crimes involving aggravated assault or battery, illicit substances (possession, distribution, manufacturing, etc.), driving while intoxicated, fraud, firearms, and theft of property or services valued over $1,500. "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. When in doubt, reporting the incident is the best policy!

This personal history should include the incident, date of incident, the original charge, any pleadings, and the outcome of the situation. It includes violation of any state or federal law, whether misdemeanor or felony, regardless of the state or territory in which it occurred.

BURDEN OF PROOF

You have the burden of proving that licensure or registration is appropriate and should be granted under the circumstances. Submit ALL information you believe will help establish that licensing or registration is appropriate.

The factors considered by the Board include:

1. Present moral fitness;
2. Demonstrated consciousness of the wrongfulness of the conduct;
3. The extent of rehabilitation;
4. The nature and seriousness of misconduct;
5. Conduct subsequent to the misconduct;
6. The amount of time that has elapsed since misconduct;
7. Character and maturity at the time of the misconduct; and
8. Current professional competence.

REQUIRED DOCUMENTS

If you answered 'Yes' to any of the personal history questions on an application or renewal, you are required to provide the following:

- Court documents, pleadings, and filings for all charges, convictions, diversions, discipline, probation, or other completion/release; and
- Copies of any disciplinary orders from any occupational or licensing body (denial, suspension, discipline, revocation, etc.).

Failure to do so may result in your application being marked incomplete, delayed review of your application, or disciplinary action.

Suggestions for other helpful documents include:

- Signed letters of recommendation or character references from family, friends, teachers, employers, court officers, or colleagues.
- Signed and dated certificates of completion for treatment programs, education or victim panels, etc.
- Evidence of rehabilitation or present fitness for licensure.
- Employment history, education, community involvement, volunteer experience, or job responsibilities since the incident(s) occurred.
- License verifications and numbers for any other professional or occupational license or registration.

REQUIRED PERSONAL HISTORY STATEMENT

Explain the "who, what, where, when, why, and how" of the situation(s). List any additional facts that explain to the Board why you should be licensed or registered. Include information regarding:

- Your current character and reputation.
- The nature and extent of any rehabilitation or treatment.
- Your personal experience and level of competence in the profession.
- Circumstances that might help explain your misconduct.
- Conduct, work, or volunteer history since time of any misconduct.
- Reasons for any false statements, misrepresentations, or incorrectly answered questions on an application or renewal made to the Board, whether accidental or intentional.

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APPLICANT INFORMATION

Name	License or Registration Number (if issued)		Phone Number
Mailing Address			
City	State	Zip	Email

STATEMENT

Attach additional copies of this page if needed to cover entire disciplinary history along with supporting documents.

VERIFICATON

The information contained on this form is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

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