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
Form LA-60

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 office for the total amount owed. Fees are nonrefundable.

SUPPLEMENTAL MATERIAL

Attach a legible copy of your current driver's license or government-issued photo ID. If the name on your ID is different from that shown on your application, you must submit proof of a legal name change (certified copy of marriage license, divorce decree, or court order).

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

Attach a completed S-100: KBI/FBI Criminal Background Check Form and a completed Fingerprint Card.

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.

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

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 #: ________________

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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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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