

**PENNSYLVANIA STATE BOARD OF PHARMACY**  
**RENEWAL APPLICATION - PHARMACIST**  
 (#854 134, Rev. 6/16)

Pharmacist License Number: RP \_\_\_\_\_

**RETURN TO:**

Full Name: \_\_\_\_\_

**Board of Pharmacy**

Address: \_\_\_\_\_

**PO Box 8416**

**Harrisburg, PA 17105-8416**

Note: A name or address change must be reported in the appropriate space below.

**Important Information**

You can now renew your license online by pointing your browser to [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us) and following the instructions as indicated. Your license renewal will be processed more easily and more quickly than by mail.

Name Change	Address Change
Indicate new name below. Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree indicating retaking of a maiden name, other "legal" document indicating retaking of maiden name or a court order).	

**SPECIAL NOTICE TO ALL HEALTH-RELATED LICENSEES AND FUNERAL DIRECTORS**

**Act 31 of 2014 – Continuing Education in Child Abuse Recognition and Reporting Requirements**

The Bureau of Professional and Occupational Affairs (BPOA) in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. §6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable Board. Additional information regarding this requirement is posted on the Board's website ([www.dos.pa.gov/pharm](http://www.dos.pa.gov/pharm)) by clicking on "Announcements".

**THE FOLLOWING QUESTIONS MUST BE ANSWERED:**

YES	NO	If YES to questions 3 through 7 – provide details AND attach certified copies of legal document(s). If YES to questions 8 through 10 – provide details.
		1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?
		2. If you answered "Yes" to question 1, provide the profession and state or jurisdiction here. Do not abbreviate the profession/occupation.
		3. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		6. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?

YES	NO	
		8. <b>Since your initial application or last renewal</b> , whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. <b>Since your initial application or last renewal</b> , whichever is later, have you been charged by a hospital, university or research facility with violating research protocols, falsifying research or engaging in other research misconduct?
		10. <b>Since your initial application or last renewal</b> , whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		11. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?

Check the one applicable statement. Please note that "ACPE" is the abbreviation for the Accreditation Council for Pharmacy Education.

- 1. I wish to place my license on inactive status. No fee and no continuing education are due. **QUESTIONS, SIGNATURE AND DATE REQUIRED.**
- 2. I have completed at least 30 contact hours of ACPE-approved pharmacist continuing education programs including 2 contact hours in the ACPE topic designator "Patient Safety" from 10/1/14 to 9/30/16.
- 3. I was initially licensed by "examination" **on or after** 7/3/14 and therefore am exempt from most of the continuing education requirements for this renewal; I have completed the 2 hours of Board-approved child abuse recognition and reporting continuing education for the renewal of my pharmacist license.
- 4. I was licensed by "reciprocity" **on or after** 7/3/14 and the continuing education requirements are prorated at the rate of 3.75 contact hours per quarter beginning with the quarter following licensure. I was licensed in PA on \_\_\_\_/\_\_\_\_/\_\_\_\_ (insert date) and I have earned \_\_\_\_\_ (insert number) of contact hours since licensed in PA including at least 2 contact hours of pharmacist continuing education in the ACPE topic designator "Patient Safety."

You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 1, 2018 and provide them to the Board when requested. Note: The 2 hours of [Department of State/Board-approved](#) training in child abuse recognition and reporting requirements may be used towards your pharmacist continuing education requirements.

*I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.*

*I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.*

Signature (**Mandatory**): \_\_\_\_\_ Date: \_\_\_\_\_

<b>EXPIRATION DATE:</b>	<b>September 30, 2016</b>
<b>FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA"</b> Write your license number on your check or money order. <b>TO ENSURE THAT YOUR LICENSE IS RENEWED BY THE EXPIRATION DATE, SUBMIT BY AUGUST 31, 2016.</b>  <b>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.</b>	<b>Renewal Fee = \$190</b> A \$20.00 fee will be assessed for returned payment. <b>Fees are <u>NOT</u> refundable nor transferable.</b>  <b>Note: A reactivation application and additional fees must be submitted <u>on or after October 31, 2016.</u></b>