

Regular Mailing Address
STATE BOARD OF PHARMACY
PO BOX 2649
HARRISBURG, PA 17105-2649

Email: st-pharmacy@pa.gov

**APPLICATION FOR A TEMPORARY PHARMACIST LICENSE
FOR PHARMACISTS LICENSED IN OTHER U.S. STATES (Rev. 1/21)**

- This application is to be used only by individuals who hold an active pharmacist license in good standing in another U.S. state and who are seeking temporary licensure in the Commonwealth of Pennsylvania to aid in the Commonwealth's emergency declaration related to COVID-19.
- If you previously held a PA pharmacist license, you must reactivate your existing PA pharmacist license; you are ineligible for a temporary pharmacist license.

REQUIRED DOCUMENTS

1. Complete pages 1 and 2 of the application. Include a copy of your active license verification from the license verification web site of your home licensure state.
2. Scan and email the application and license verification to st-pharmacy@pa.gov. The subject line of the email should be listed as "Emergency Temporary Licensure."
3. Upon completion of your application, a temporary license will be issued with an expiration date of **December 31, 2021**. This temporary license is non-renewable. If you wish to practice after the declared state of emergency, you will need to obtain full licensure by meeting all standard licensing requirements. You may apply for a permanent pharmacist license at www.pals.pa.gov; the application requirements may be reviewed by clicking on "Application Checklist" on the top blue banner.

**APPLICANT INFORMATION
(Please Print or Type)**

NAME:	Last		First		Middle		
ADDRESS:	Street						
City				State		ZIP	
DATE OF BIRTH:	Month	Day	Year	SOCIAL SECURITY NUMBER:			
EMAIL ADDRESS:							
PHARMACIST LICENSE NUMBER:							
NAME OF U.S. STATE THAT ISSUED PHARMACIST LICENSE:							

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #8, provide complete details on a separate sheet of paper as well as copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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?		
3	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	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
6	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
7	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
8	Do you currently engage in or have you ever 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?		

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

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 of Applicant

Date

Printed Name of Applicant