

PENNSYLVANIA STATE BOARD OF PHARMACY
REACTIVATION APPLICATION – PHARMACIST
 (#854 136, Rev. 6/16)

Name: _____

Board of Pharmacy
 PO Box 2649
 Harrisburg, PA 17105-2649

Address: _____

Courier Address (ex. FedEx):
 2601 N. Third Street
 Harrisburg, PA 17110

License No.: RP _____

Please make the check or money order in U.S. funds payable to the "Commonwealth of Pennsylvania." Fees are NOT refundable nor transferable. A processing fee of \$20.00 will be charged for any check or money order returned by your bank, regardless of the reason for non-payment.

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 a maiden name or a court order).	

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:
		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 Since your initial application or last renewal , whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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?
		8. Since your initial application or last renewal , 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. Since your initial application or last renewal , 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. Since your initial application or last renewal , 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.

- 1. I have **not practiced** as a pharmacist in Pennsylvania after my license expired and request inactive status. No fee and no continuing education are due. A response to the above questions, date of birth, social security number, signature and date are required.
- 2. **Yes**, I have practiced as a pharmacist in Pennsylvania after my license expired and I want to reactivate my license at this time by paying the renewal fee of \$190.00 + the late renewal penalty of \$25.00 + the late fee of \$5.00 per month, or part of the month. *The late fee is assessed for each month or part of the month after the expiration date of your license.
- 3. **No**, I have not practiced as a pharmacist in Pennsylvania at any time after my license expired and I want to reactivate my license at this time by paying the renewal fee of \$190.00 + the late renewal penalty of \$25.00.

Verification of Continuing Education – If you are reactivating your pharmacist license, please check the one appropriate statement and provide any requested information. Please note that “ACPE” is the abbreviation for the Accreditation Council for Pharmacy Education.

- 1. 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” between 10/1/14 and 9/30/16.
- 2. I have completed at least _____ contact hours of ACPE-approved continuing education programs between the dates of _____ and _____. At least 2 contact hours in the ACPE topic designator “Patient Safety” were earned for **each** renewal period starting with the 2014 renewal.
- 3. I was initially licensed by “examination” on or after 7/3/14 and therefore am exempt from the continuing education requirement for this renewal.
- 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. Of the total number of continuing education contact hours required, at least 2 contact hours were in the ACPE topic designator “Patient Safety.” Please provide the date that you were licensed in PA (____/____/____) and the number of contact hours earned since licensed in PA (_____).

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.

Please provide your:

Date of Birth: _____

Social Security Number (Required by law): _____

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: _____

Board of Pharmacy
PO Box 2649
Harrisburg, PA 17105-2649

VERIFICATION OF PRACTICE / NON-PRACTICE

*** Your reactivation cannot be processed unless this page is completed ***

NAME: _____

LICENSE NO.: RP _____

PROFESSION: PHARMACY

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating, THEN answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO
2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

If you responded "yes" to Question 2, when working for the federal government, what license did you use? Please list the state that issued that license to you: _____

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 Licensee)

(Date)

PENNSYLVANIA STATE BOARD OF PHARMACY
PO BOX 2649
HARRISBURG, PA 17105-2649
717-783-7156 www.dos.pa.gov/pharm st-pharmacy@pa.gov

Dear Licensee:

Regulation 27.31(d) states "...A pharmacist who has had a lapsed license for 1 year or more, and who then seeks to reactivate the license, will be required to show current proficiency to practice pharmacy. The full-time practice of pharmacy in another state, during the period of lapsed licensure in this Commonwealth, will be evidence of current proficiency. A holder of a lapsed license who engaged in activities outside the profession of pharmacy during the lapsed period shall complete hours of continuing education equivalent to the hours which he would have been required to take had he held an active license."

If your license has been lapsed for 1 year or more **and** you have not practiced as a pharmacist in Pennsylvania during the lapsed period, in addition to the renewal application and proof of completion of the required education earned for the latest renewal period (i.e. photocopies of your continuing education certificates of completion which demonstrate completion of 30 contact hours of ACPE-approved pharmacist continuing education including 2 contact hours in the ACPE topic designator "Patient Safety"), the required fees, and the *Verification of Practice/Non-Practice* form, the Board requires one of the following.

Please submit either:

1. A resume that will illustrate the **fulltime** practice of pharmacy in another U.S. state from the date that your license expired to the present date. The resume should specify the name and address of your employers, your specific job titles and duties, dates of employment in month/year format for each employer and whether the work was fulltime or part-time.

OR

2. Indicate that you have completed the required 30 contact hours of ACPE-approved pharmacist continuing education for **each** renewal period in which your pharmacist license was lapsed, beginning with the renewal period in which your license expired. 2 contact hours of pharmacist continuing education in the ACPE topic designator "Patient Safety" must have been completed for each renewal beginning with the 10/1/12 to 9/30/14 renewal period. Photocopies of your certificates of completion must also be submitted.

Please note that the Pennsylvania State Board of Pharmacy requires all continuing education to be approved by the Accreditation Council for Pharmacy Education and Pennsylvania pharmacist license renewal periods run from October 1 of an even-numbered year through September 30 of the next even-numbered year.

Verification of Completion of the Required Continuing Education:

Pharmacist licensees are required to submit photocopies of their ACPE-approved continuing education certificates of completion for all pharmacist continuing education that was verified on their pharmacist license reactivation applications as having been completed.

If you are required to verify completion of continuing education from several past renewal periods (i.e. you are unable to submit a resume verifying the full-time practice of pharmacy in another U.S. state for the entire time period in which your Pennsylvania pharmacist license was lapsed) **and** you are unable to locate your certificates of completion, you may complete additional continuing education programs now. These more recently completed programs may be used to reactivate your license. However, these programs may not be "re-used" to meet the continuing education requirements of the current or subsequent license renewal periods.

*All continuing education must be approved by the Accreditation Council for Pharmacy Education (ACPE). 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.

Additional Reactivation Requirements:

- **National Practitioner Data Bank Self-Query Report** - EFFECTIVE JANUARY 1, 2016, all applicants must obtain **and** submit a current National Practitioner Data Bank Self-Query report. The self-query must be requested at www.npdb.hrsa.gov. Once the report is completed and available, print the report from this website and submit it with your application.
- 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 reactivation of their license shall be required to **complete 2 hours of Department of State/Board-approved training in child abuse recognition and reporting requirements** as a condition of reactivation. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.

Social Security Number Disclosure:

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 (DHS), the licensing boards must provide to DHS information prescribed by DHS 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.

Notice:

If a pending application is older than one year from the date submitted and the licensee wishes to continue the application process, the Board shall require the licensee to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

Please review the following before mailing in the required items. Have you:

- Completed all questions and provided other required information on the application, including signature and date?
- Reported a name/address change (if applicable)?
- Included the correct fee (check or money order made payable to the "Commonwealth of PA")?
- Submitted certificates of completion for 30 hours of ACPE-approved pharmacist continuing education including at least 2 contact hours in the ACPE topic designator “Patient Safety” for the most recently ended renewal cycle?
- Included your National Practitioner Data Bank Self-Query Report?
- Completed the 2 hours of **Department of State/Board-approved** training in child abuse recognition and reporting requirements?

If your license has been lapsed for one year or more, have you also:

- Submitted certificates of completion for 30 hours of ACPE-approved continuing education for every other renewal cycle **starting with the renewal period in which your license expired** OR are you submitting a resume that clearly indicates the full-time practice of pharmacy in another U.S. state from the date your license expired to the present date? If you have been engaged in the fulltime practice of pharmacy in another U.S. state from the date that your PA pharmacist license expired to the present date, the resume that you submit should identify whether each position was fulltime or part-time, your job title, the name and address of the employer, the time frame of employment at each position in month/year format, and an outline of your job duties.