

PHARMACIST LICENSE APPLICATION INSTRUCTIONS – RENEWAL

- Complete the attached Maryland Board of Pharmacy's **Application for Pharmacist Licensure Renewal**.
- Submit the completed application with all attachments and a check or money order made payable to the Maryland Board of Pharmacy (Board) in the amount of **\$ 261.00** (\$225 Board fee + \$36 Maryland Health Care Commission fee) to:

Maryland Board of Pharmacy, P.O. Box 1991, Baltimore, Maryland 21203-1991.

- Applications sent overnight or through priority mail must be addressed to the appropriate lockbox and sent to:

**First Data /Remitco, Attn: Maryland Board of Pharmacy / LOCKBOX 7691
400 White Clay Center Drive, Newark, DE 19711**

- A total of **30 Continuing Education Credit Hours (CEs)**, obtained within the last two years, are required to be submitted at the time you apply for renewal. Two (2) CE's must be live, one (1) CE must be on medication errors. A CE is considered "live" if it offers the ability for the participant to have real-time interaction with the presenter. Programs approved by the Accreditation Council for Pharmacy Education (ACPE) that are designated by the letter "L" in the course identification number are considered "live."
- To view and track continuing professional education credits from ACPE-accredited providers, all pharmacist should obtain a NABP e-Profile identification number. To view and track these credits, you must first set up an NABP e-Profile, obtain your NABP e-profile ID, and register for CPE Monitor. You can obtain more information on the NABP website at https://store.nabp.net/OA_HTML/xnabpibeGblLogin.jsp. (Note: Non-ACPE accredited CE programs must have been approved by Board and may not be retrieved from the CPE Monitor system.)
- A pharmacist's license may be renewed for the first time **without any continuing education credits, if the original license was obtained within one (1) year of graduation.**

CE credits used to renew your Vaccine Certification can also be used to renew your license. **If you are renewing your Vaccine Certification, complete Attachment 1 (All Vaccination Certification Course must include the current guidelines and recommendations of the Center for Disease Control and Prevention)**. Attachment 2 is to be completed by pharmacists who are randomly selected to be audited to provide detailed documentation regarding the CE hours earned during their last renewal period.

- Applications must be postmarked **at least two weeks prior to expiration of your current license** to ensure that you can continue practicing while the Board completes processing of the application and renders a decision. The Board may return incomplete applications, which may cause your current license to expire before you are renewed.

- If an application is received **less than two weeks prior to expiration** of the current license, or if additional information is needed due to an incomplete submission, the Board cannot guarantee that your new license will be issued prior to the expiration of your current license.
- If a renewal application has not been processed prior to the end of your birth month because of an incomplete or untimely submission, **you may not practice pharmacy in Maryland until the license is renewed.**
- **Practicing without an active license is a violation of the law and may result in disciplinary action by the Board of Pharmacy.**

LATE SUBMISSION REMINDER: A renewal application received at the Board that is postmarked after your current license expires will require you to reinstate your license. An **Application for Pharmacist Licensure Reinstatement** (available at www.dhmh.maryland.gov/pharmacy), **renewal fee** and **additional reinstatement fee** must be submitted after your current license expires.

- You are required to report any change to your mailing address or employment location **within thirty (30) days of the change.** A fee may be assessed if changes are not reported as required.
- A licensee's business address is **public information.** If the business address is not available, the licensee's home address may be released upon request under the Public Information Act, Maryland Code Annotated, State Government Article § 10-617(h)(2)(ii).
- If you are interested in volunteering for the Emergency Preparedness Task Force, please visit <http://dhmh.maryland.gov/pharmacy/Pages/emergency-preparedness-information.aspx> for more information and/or email MDresponds.dhmh@maryland.gov to register.

NOTE: The application fee is a non-refundable, administrative fee.

Maryland Board of Pharmacy
 4201 Patterson Avenue
 Baltimore MD 21215-2299
 Phone: 410-764-4755
 Fax: 410-358-6207
 www.dhmv.maryland.gov/pharmacy



APPLICATION FOR PHARMACIST LICENSURE RENEWAL

Total Fee Paid: \$261.00
 (\$225 Board fee + \$36 Maryland Health Care Commission fee)

Please print clearly in ink or type in upper case letters only.

Complete all application sections and sign. **Incomplete forms will delay the issuance of your license.**

| VETERANS AND SPOUSAL PREFERENCE | | |
|---|-----|----|
| Are you an active service member of the spouse or an active service member? | YES | NO |
| Are you a veteran or the spouse of a veteran who was discharged from active duty under a circumstance other than dishonorable within one (1) year of filing this application? | YES | NO |

| 1. IDENTIFICATION | | | |
|-----------------------|--|--------|--|
| First Name: | | | |
| Middle / Maiden Name: | | | |
| Last Name: | | | |
| Application Date: | | | |
| Street Address: | | | |
| City: | | State: | |
| Home Phone: | | | |
| Work Phone: | | | |
| Cell Phone: | | | |
| Social Security #: | | | |
| Date of Birth: | | | |
| Email Address: | | | |
| License Number | | | |

| | | | |
|-----------------|--|--------|--|
| Employer Name: | | | |
| Permit #: | | | |
| Street Address: | | | |
| City: | | State: | |
| Zip: | | | |

| 2. TRAINING ON ADMINISTRATION OF SELF-ADMINISTRED DRUGS | |
|--|--------------------|
| a. I attest that I have the proper training on the Administration of Self-Administered Drugs per COMAR 10.34.39 | YES NO |
| b. If "YES", do you have an active Certification in Basic Cardiopulmonary Resuscitation? If "YES", provide expiration date: | YES NO |
| | |

3. PERSONAL ATTESTATION QUESTIONS

Please read this section carefully and answer the following questions related to your practice as a pharmacist. If you answer "YES" to any question, please provide a detailed explanation (attach additional pages if necessary) and supporting documentation. Failure to provide complete and correct information may result in delay, or denial, of your application for registration.

| | | |
|---|-----|----|
| 1. Has any state licensing or disciplinary board (including Maryland) or any similar agency in the Armed Forces, denied your application for a license, reinstatement or renewal, or taken any formal disciplinary action against any registration or license held by you? Such actions include, but are not limited to, reprimand, suspension, or revocation | YES | NO |
| 2. Has any state licensing or disciplinary board (including Maryland) or similar agency in the Armed Forces, filed any complaints or charges against you or investigated you for any reason? | YES | NO |
| 3. Have you surrendered or failed to renew a healthcare registration or license in any state? | YES | NO |
| 4. Have you ever withdrawn your application for a pharmacist's license or other health professional license? | YES | NO |
| 5. Has your employment by any pharmacy, clinic, healthcare practice, or wholesale drug distributor been terminated for disciplinary reasons? | YES | NO |
| 6. Have you committed a criminal act for which you pled guilty or nolo contendere (see <i>definition below</i>), or for which you were convicted or received probation before judgment? | YES | NO |
| 7. Excluding minor traffic violations, are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law? | YES | NO |
| 8. Have you committed an offense involving alcohol or controlled substances to which you pled guilty or nolo contendere, or for which you were convicted or received probation before judgment? | YES | NO |
| 9. Do you have a physical or mental condition that may impair your ability to practice pharmacy? | YES | NO |
| 10. Has your ability to practice pharmacy been affected by the use of any type of drug or alcohol? | YES | NO |

**** Nolo contendere- A plea in a criminal case which has a similar legal effect as pleading guilty. The defendant does not admit or deny the charges, but a fine or sentence may be imposed based on this plea.**

I affirm that the information I have given in answer to these questions is true and correct to the best of my knowledge and belief. I have read the Maryland Pharmacy Act, Section 12-101 *et. seq.*, Health Occupations Article, Annotated Code of Maryland, and Board regulations, COMAR 10.34.01 *et seq.*, and if licensed, I agree to practice pharmacy in accordance with laws of Maryland.

| | |
|-------------------|-------|
| Signature: | _____ |
| Date: | _____ |

4. LIST OF DESIGNEE

If applicable, list the names of person and/or entity that you authorize the Board to release information about your application:

| Name of Organization | Name of Person | Title |
|----------------------|----------------|-------|
| | | |
| | | |
| | | |

5. CONTINUING EDUCATION RECORD FORM

A total of **30 Continuing Education Credit Hours** (CEs) are required to be submitted before obtaining a license renewal.

All CEs must be taken within your renewal period. The renewal period begins on the first day of the month after your birth month and ends on the last day of your birth month two years later. For example, if your birth month is January, your renewal period starts February 1st and ends January 31st two years later.

Two (2) CEs must be live and one (1) CE must be on medication errors. CE is considered “live” if it offers the ability for the participant to have real-time interaction with the presenter, including programs approved by the Accreditation Council for Pharmacy Education (ACPE) that are designated by the letter “L” in the course identification number.

Pharmacists renewing for the first time **are not** required to submit CEs **if the original license was obtained within one (1) year of graduation.**

CEs used to renew your Vaccine Certification can also be used to renew your license.

If you are renewing your Vaccine Certification, complete Attachment 1.

Attachment 2 is to be completed if you are randomly selected to be audited to provide detailed information regarding CEs earned since your last renewal period. Please add additional pages if you require additional space to enter CEs

Indicate below the number of Continuing Education Hours earned since your initial registration or last licensure renewal period:

| | |
|---|--|
| Number of live CEs: | |
| Number of CEs on medication errors: | |
| Number of ACPE Continuing Education Hours: | |
| Number of non-ACPE Continuing Education Hours: | |

| NAME | LICENSE # | NABP e-PROFILE # |
|------|-----------|------------------|
| | | |

I affirm under penalty of perjury that the information I have provided regarding the continuing education hours that I earned during this renewal period is true and correct to the best of my knowledge and belief.

| | |
|-------------------|-------|
| Signature: | _____ |
| Date: | |

| | | |
|--|------------|-----------|
| Would you like to receive license renewal notification via email? | YES | NO |
| Would you like to be an emergency preparedness volunteer? | YES | NO |

I, _____, do solemnly swear or affirm under the penalties of perjury that I have personally completed this application, that the foregoing information is true, correct and complete to the best of my knowledge and belief, and that I understand that any misrepresentation will constitute grounds for revoking this registration.

| | |
|-------------------------------|-------|
| Applicant's Signature: | _____ |
| Date: | |

6. VOLUNTARY EQUAL OPPORTUNITY INFORMATION

To further its commitment to equal opportunity, the Board of Pharmacy requests applicants to VOLUNTARILY provide the following information. This information will be used for statistical purposes only by authorized personnel.

| | | |
|--------------|--|----------------------|
| SEX: | MALE | FEMALE |
| RACE: | Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) | YES NO |

If you are not of Hispanic or Latino origin, select one or more of the following racial categories:

| | |
|---|--|
| 1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.) | |
| 2. Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) | |
| 3. Black or African American (A person having origins in any of the black racial groups of Africa.) | |
| 4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) | |
| 5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) | |

APPLICATION FOR PHARMACIST LICENSURE RENEWAL

ATTACHMENT 1

VACCINE CERTIFICATION RENEWAL FORM

Please print clearly in ink or type in upper case letters only.

| NAME | DATE | LICENSE NUMBER |
|------|------|----------------|
| | | |

CPR Certification

A Current CPR Certification card is required. Please attach a copy of the CPR card (front and back) to this application.

| | | |
|---|------------|-----------|
| Copy of CPR Card attached to this application? | YES | NO |
|---|------------|-----------|

Continuing Education Credit Hours (CEs)

The four (4) hours needed to renew your Vaccine Certification may count towards the total 30 total CEs required to renew your license. All Vaccination Certification Course must include the current guidelines and recommendations of the Centers for Disease Control and Prevention.

| CE Topic | CE Program Name | ACPE Number | # of Credit Hours | Date |
|----------|-----------------|-------------|-------------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|--|-------|
| I affirm under penalty or perjury, that the information I have given on this record is true and correct to the best of my knowledge and belief. | |
| Applicant's Signature: | _____ |
| Date: | |

