

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
BOARD OF PHARMACY**

REACTIVATION APPLICATION – PHARMACIST (Rev. 6/10)

Name: _____

Address: _____

License Number: RP- _____

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

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

| Name Change | Address Change |
|---|----------------|
| Indicate new name below and submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree, or legal document indicating retaking of a maiden name, etc.). | |
| | |
| | |

THE FOLLOWING QUESTIONS MUST BE ANSWERED

| NO | YES | If YES to questions 2 through 4 – provide details AND attach certified copies of legal document(s). |
|----|-----|---|
| | | 1. Do you currently hold or have you previously held a license to practice pharmacy in any other state or jurisdiction? List the state or jurisdiction: |
| | | 2. Since your initial application or last renewal , whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction? |
| | | 3. Since your initial application or last renewal , whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction? |
| | | 4. Since your initial application or last renewal , whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. |

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 reactivation fee 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 reactivation fee 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 continuing education programs and/or conferences between 10/1/08 and 9/30/10.
- 2. I have completed at least _____ contact hours of ACPE-approved continuing education programs and/or conferences between the dates of _____ and _____.
- 3. I was initially licensed by "examination" on or after 7/3/08 and therefore am exempt from the continuing education requirement for this renewal.
- 4. I was licensed by "reciprocity" on or after 7/3/08 and the continuing education requirements are prorated at the rate of 3.75 contact hours per quarter beginning with the quarter following licensure. Please provide the date that you were licensed in PA (____/____/____) and the number of contact hours earned since licensed in PA (_____).

Please provide your:

Date of Birth: _____

Social Security Number (Required by Law): _____

I verify that this form 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 pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature (**Mandatory**): _____ Date: _____

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 form 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 pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

(Signature of Licensee)

(Date)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF PHARMACY
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7156

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 (completion of at least 30 contact hours of continuing education approved by the Accreditation Council for Pharmacy Education (ACPE) and earned for the most recently ended renewal period must be verified on the renewal application and photocopies of the certificates of completion submitted), 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 **full-time** practice of pharmacy in another U.S. state from the date that your license expired to the present date.

OR

2. Indicate that you have completed the required 30 contact hours of ACPE-approved continuing education for **each** renewal period in which your pharmacist license was lapsed, beginning with the renewal period in which your license expired. 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:

Starting November 8, 2002, pharmacist licensees are required to submit photocopies of their ACPE-approved continuing education certificates of completion for all 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)

Social Security Number Disclosure:

Please note that disclosing your social security number on this application is mandatory in order for the Pennsylvania State Board of Pharmacy 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). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare (DPW) information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank (HIPDB). Reports to the HIPDB must include the licensee's social security number.

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 continuing education for the most recently ended renewal cycle?

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 each other renewal cycle **starting with the renewal period in which your license expired** (unnecessary if you are submitting a resume indicating the full-time practice of pharmacy in another U.S. state from the date your license expired to the present date)?