

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

RENEWAL APPLICATION - PHARMACIST (Rev. 3/12)

Pharmacist License No. RP-_____

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

RETURN TO:

State Board of Pharmacy
PO Box 8416
Harrisburg, PA 17105-8416

Name Change	Address Change
Indicate new name below. 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/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 Since your initial application or last renewal , whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a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. 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 continuing education programs and/or conferences between 10/1/10 and 9/30/12.
 - 3. I was initially licensed by "examination" **on or after** 7/3/10 and therefore am exempt from the continuing education requirement for this renewal.
 - 4. I was licensed by "reciprocity" **on or after** 7/3/10 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 (_____).

You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 1, 2014 and provide them to the Board when requested.

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: _____

<p style="text-align: center;">EXPIRATION DATE:</p> <p style="text-align: center;">September 30, 2012</p>	<p>Renewal Fee = \$190</p> <p>Renewals received after September 30, 2012 will also be charged a \$25 reactivation fee in addition to the late fee noted below.</p> <p>A \$20.00 fee will be assessed for returned payment.</p>
<p>FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA"</p> <p>Write your license number on your payment.</p> <p>TO ENSURE THAT YOUR LICENSE IS RENEWED BY THE EXPIRATION DATE, SUBMIT BY AUGUST 31, 2012.</p>	<p>LATE FEE - \$5.00 per month, or part of a month</p> <p>Late renewal fee will be assessed if postmarked after September 30, 2012.</p>
<p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p>	