

## PHARMACIST LICENSE APPLICATION INSTRUCTIONS – RENEWAL

- Complete the attached Maryland Board of Pharmacy's ***Application for Pharmacist Licensure: Renewal***. Be sure to include a Continuing Education Record Form.
  - Submit the completed application with all attachments and a check or money order made payable to the Maryland Board of Pharmacy in the amount of \$261 (\$225 Board fee +\$36 Maryland Health Care Commission fee) to: Maryland Board of Pharmacy, 4201 Patterson Avenue, Baltimore, MD 21215.
  - Submit required CEs. 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 reinstatement. Two (2) CEs must be live, 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.
  - 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.**
  - 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 is not been processed prior to the end of your birth month because of your failure to submit the renewal application in a timely fashion, **you may not practice pharmacy in Maryland until the license is renewed**.
  - **Practicing without an active license is a violation of the law which may result in disciplinary action by the Board of Pharmacy.**
- LATE SUBMISSION REMINDER:** If you submit a renewal application postmarked after your current license expires, a **Reinstatement Application** (available at [www.dhmf.maryland.gov/pharmacy](http://www.dhmf.maryland.gov/pharmacy)) and an **additional fee** must be submitted with the renewal application.
- 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 under the Public Information Act, Maryland Code Annotated, State Government Article § 10-617(h)(2)(ii).

**Maryland Board of Pharmacy**  
 4201 Patterson Avenue  
 Baltimore MD 21215-2299  
 Phone: 410-764-4759  
 Fax: 410-358-6207  
[www.dhmf.maryland.gov/pharmacy](http://www.dhmf.maryland.gov/pharmacy)



## APPLICATION FOR PHARMACIST LICENSURE RENEWAL

- This application, along with the fee of **\$261**, must be submitted to the Maryland Board of Pharmacy.
- Please print clearly or type in upper case letters only.
- Complete all application sections and sign. **Incomplete forms will delay the renewal of your license.**
- Would you like to be an emergency preparedness volunteer? ☐ Yes ☐ No
- Would you like to receive renewal notification via email? ☐ Yes ☐ No

### 1. IDENTIFICATION

First Name	Middle/Maiden Name	Last Name	Application Date	
Street Address		City	State	Zip
Home Phone (     )	Work Phone (     )	Ext.	Cell Phone (     )	
Social Security Number	Birth Date	Email Address	License Number	

Employers Name		Permit Number	
Street Address	City	State	Zip

**EMPLOYMENT CODES – Circle the code that best describes your primary place of employment**

<b>01</b> Hospital <b>02</b> Comprehensive Care <b>03</b> Nuclear <b>04</b> Group Plan HMO <b>05</b> Internet <b>06</b> Practitioner's Office – Employee <b>07</b> Alternate Site/Infusion	<b>08</b> Rehabilitation Agency/Clinic <b>09</b> Home Health <b>10</b> Non-resident <b>11</b> Manufacturer/Industry <b>12</b> Retail Establishment – Chain <b>13</b> Retail Establishment – Independent	<b>14</b> School System <b>15</b> University or College – Administration <b>16</b> University or College – Teaching <b>17</b> University or College – Clinical Practice <b>18</b> University or College – Research	<b>19</b> Federal Government – Non-military <b>20</b> Federal Government – Military <b>21</b> Other (Inside Field of Pharmacy) <b>22</b> Other (Outside Field of Pharmacy)
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## 2. 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. **NOTE: Only respond "yes" for incidents that have occurred since your last renewal.**

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.	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you surrendered or failed to renew a healthcare registration or license in any state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you ever withdrawn your application for a pharmacist's license or other health professional license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Has your employment by any pharmacy, clinic, healthcare practice, or wholesale drug distributor been terminated for disciplinary reasons?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Do you have a physical or mental condition that may impair your ability to practice pharmacy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Has your ability to practice pharmacy been affected by the use of any type of drug or alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 are 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: \_\_\_\_\_

## 3. CONTINUING EDUCATION RECORD FORM

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

- | Name | License # | Phone |
|------|-----------|-------|
|------|-----------|-------|

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I affirm under penalty of perjury that the information I have given on this record is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate the date for each program listed above. **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 1 and ends January 31 two years later.

#### 4. 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? ☐ YES ☐ NO

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

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

1.	<input type="checkbox"/>	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.	<input type="checkbox"/>	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.	<input type="checkbox"/>	Black or African American (A person having origins in any of the black racial groups of Africa.)
4.	<input type="checkbox"/>	Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5.	<input type="checkbox"/>	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

# ATTACHMENT 1

## VACCINE CERTIFICATION RENEWAL FORM

(To be completed only for those who are renewing their vaccine certificate)

**Please Print Clearly or Type**

Name	Date	License Number
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### 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.

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.

Signature

Date