

## PHARMACIST LICENSE APPLICATION INSTRUCTIONS – REINSTATEMENT

The following provides guidance for pharmacists who plan to reinstate an expired Maryland pharmacist license. A reinstatement application requires two fees: the renewal fee and the reinstatement fee.

- Access the Board's web site ([www.dhmh.maryland.gov/pharmacy](http://www.dhmh.maryland.gov/pharmacy)) for the **Application for Pharmacist Licensure Reinstatement**. Reinstatement requirements are listed in Board Regulations, COMAR 10.34.13.
- Submit the completed application with all attachments and a check or money order made payable to the Maryland Board of Pharmacy for the correct amount 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**

- 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. A 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.
- 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/xxnabpibeGblLogin.jsp](https://store.nabp.net/OA_HTML/xxnabpibeGblLogin.jsp). (Note: non-ACPE-accredited courses must have been approved by the Board and related CE are not retrievable from CPE Monitor.)
- Pharmacists reinstating within their first renewal period **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 2.**

### In addition to the above:

- A. If applying **within 2 years** of expiration of license, enclose check or money order for:
  - Renewal & Reinstatement fee - **Total Due: \$527.00**
- B. If applying **more than 2 years** after expiration of license, enclose check or money order for:
  - Renewal & Reinstatement fee - **Total Due: \$542.00**
  - Register to take the MPJE with NABP online at [www.NABP.net](http://www.NABP.net).
  - The Board of Pharmacy must provide approval to NABP of all candidates required to take examinations through the Authorization to Test (ATT) process.
  - NABP will send candidates an Authorization to Test (ATT) number to use when scheduling the required examinations.
  - Examination results will be electronically forwarded to the Board 2-3 business days after the test is taken. Unofficial scores are posted on NABP's web site, [www.NABP.net](http://www.NABP.net).

C. If applying more than 5 years after expiration of license and have not been actively engaged in the practice of pharmacy in another state must complete Attachment 1 – Pharmacy Experience Affidavit in addition to the above.

- **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.dhmh.maryland.gov/pharmacy



**APPLICATION FOR PHARMACIST LICENSURE  
 REINSTATEMENT**

- This application, along with the fee set out in the chart below 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 issuance of your license.**

If applying <b><u>within 2 years</u></b> of expiration of license, enclose check for:	If applying <b><u>more than 2 years</u></b> after expiration of license, enclose check for:
<b><u>Total Due: \$527.00</u></b>	<b><u>Total Due: \$542.00</u></b>

1. IDENTIFICATION				
First Name:				
Middle / Maiden Name:				
Last Name:				
Application Date:				
Street Address:				
City:		State:		Zip:
Home Phone:				
Work Phone:				
Cell Phone:				
Social Security #:				
Date of Birth:				
Email Address:				
License Number				
Date of Initial Licensure:				
Initially Licensed in Maryland by:	EXAM	RECIPROCITY		
License Expiration Date:				

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

**2. EMPLOYER INFORMATION**  
 List work experience for the past 2 years, including the name and address of each employer and the period of service. Attach additional sheets if needed. **If your license expired more than five years ago and you have not been actively engaged in the practice of pharmacy in another state, you must complete Attachment 1 – Pharmacy Experience Affidavit.**

EMPLOYER NAME	DATES OF EMPLOYMENT	ADDRESS & TELEPHONE #

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

4. LICENSURE HISTORY			
Indicate licensure information about all current and previously held licenses to practice pharmacy. Attach additional sheets if needed. <b><u>Submit a written explanation of any license that is not in good standing.</u></b>			
License Number & State	Original License Issue Date	License Expiration Date	Name, Address & Telephone Number of Last Employer

### 5. PERSONAL ATTESTATION QUESTIONS

Please read this section carefully and answer “Yes” or “No” to 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 attach supporting documents to explain your answer. Failure to provide complete and correct information may result in delay, or denial, of your application for registration

<b>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</b>	<p style="text-align: center;"><b>YES      NO</b></p>
<b>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?</b>	<p style="text-align: center;"><b>YES      NO</b></p>
<b>3. Have you surrendered or failed to renew a healthcare registration or license in any state?</b>	<p style="text-align: center;"><b>YES      NO</b></p>
<b>4. Have you ever withdrawn your application for a pharmacist’s license or other health professional license?</b>	<p style="text-align: center;"><b>YES      NO</b></p>
<b>5. Has your employment by any pharmacy, clinic, healthcare practice, or wholesale drug distributor been terminated for disciplinary reasons?</b>	<p style="text-align: center;"><b>YES      NO</b></p>
<b>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?</b>	<p style="text-align: center;"><b>YES      NO</b></p>
<b>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?</b>	<p style="text-align: center;"><b>YES      NO</b></p>
<b>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?</b>	<p style="text-align: center;"><b>YES      NO</b></p>
<b>9. Do you have a physical or mental condition that may impair your ability to practice pharmacy?</b>	<p style="text-align: center;"><b>YES      NO</b></p>
<b>10. Has your ability to practice pharmacy been affected by the use of any type of drug or alcohol?</b>	<p style="text-align: center;"><b>YES      NO</b></p>
<b>11. Have you worked as a pharmacist in a Maryland pharmacy or a non-resident Pharmacy serving Maryland residents since the expiration date of your license?</b>	<p style="text-align: center;"><b>YES      NO</b></p>

<b>** 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.</b>	
<b>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.</b>	
<b>Signature:</b>	_____
<b>Date:</b>	_____

<b>6. LIST OF DESIGNEE</b>		
<b>If applicable, list the names of person and/or entity that you authorize the Board to release information about your application:</b>		
<b>Name of Organization</b>	<b>Name of Person</b>	<b>Title</b>

<b>7. CONTINUING EDUCATION RECORD FORM</b>
A total of <b>30 Continuing Education Credit Hours (CEs)</b> , obtained within the last two years, are required to be submitted at the time you apply for reinstatement. Provide the CE information in the chart below.
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.
Pharmacists reinstating within their first renewal period <b>are not</b> required to submit CEs <b>if the original license was obtained within one (1) year of graduation.</b>
CEs used to renew your Vaccine Certification can also be used to renew your license. <b>If you are renewing your Vaccine Certification, complete Attachment 2.</b>
Please add additional pages if you require additional space to enter CEs.
Use the following codes: 1. Live CE; 2. Medication Errors; 3. Vaccine



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 license

<b>Applicant's Signature:</b>	_____
<b>Date:</b>	_____

**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.

<b>SEX:</b>	<b>MALE      FEMALE</b>	
<b>RACE:</b>	<b>Are you of Hispanic or Latino origin?</b>	<b>YES      NO</b>

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

<b>1.</b>	<b>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.)</b>	
<b>2.</b>	<b>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.)</b>	
<b>3.</b>	<b>Black or African American (A person having origins in any of the black racial groups of Africa.)</b>	
<b>4.</b>	<b>Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</b>	
<b>5.</b>	<b>White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</b>	

**APPLICATION FOR PHARMACIST LICENSURE  
NEW OR FOREIGN GRADUATES**

**ATTACHMENT 1:  
PHARMACY EXPERIENCE AFFIDAVIT**  
(Please Fill In All Blank Spaces)

I, the undersigned, hereby certify that I am a licensed Pharmacist  
in the State of \_\_\_\_\_, License Number: \_\_\_\_\_;  
(Supervising Pharmacist)

and that \_\_\_\_\_ received practical pharmacy experience as follows:  
(Applicant Name)

HOURS OF EXPERIENCE				
From	To	# of Weeks	Hours Per Week	Hours Earned
<b>TOTAL HOURS reported on the form:</b>				

I, \_\_\_\_\_,  
(Supervising Pharmacist)

do solemnly swear or affirm, under the penalties of perjury, that I have personally completed this form to the best of my knowledge and belief, that I understand that perjury on this form will constitute grounds for revoking any license issued which uses this form as a supporting document.

State of \_\_\_\_\_; County or City of \_\_\_\_\_

SIGNATURE:	
PHARMACY:	
ADDRESS:	
A.D., 20	
<b>IMPORTANT NOTICE:</b> This affidavit must be notarized and submitted with application where appropriate.	

**APPLICATION FOR PHARMACIST LICENSURE  
REINSTATEMENT**

**ATTACHMENT 2**

**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.

<b>Copy of CPR Card attached to this application?</b>	<b>YES</b> <b>NO</b>
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**Continuing Education Credit Hours (CEs)**

The four (4) hours needed to renew your Vaccine Certification may count towards the 30 total CE's required to renew your license.

CE Topic	CE Program Name	ACPE Number	# of Credits	Date

<b>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.</b>	
<b>Applicant's Signature:</b>	_____
<b>Date:</b>	_____