

APPLICATION FOR LICENSE TRANSFER (ENDORSEMENT)—PHARMACIST

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Pharmacist in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements for License Transfer (Endorsement from another state). Requirements for licensure are outlined in the Statutes, specifically 12-22-116, and the Board Rules, both available online at www.dora.state.co.us/pharmacy.

Licensees from another state may be eligible for license transfer, provided the applicant has been licensed for one year in another state or is able to meet Colorado intern requirements. An applicant for license transfer must transfer a license, issued by another state, which is active and in good standing.

- **Note:** If you have active, uncompleted discipline (examples include, but are not limited to probation, practice restrictions, and suspension) in any state where you hold or have held a license, you are not eligible for license transfer to Colorado.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Applicants with Disabilities. Applicants who need modifications in the examination administration because of a disability should submit an ADA Request form, available online at www.dora.state.co.us/registrations/ADARequestForm.htm, or you may call (303) 894-7800 to request that one be mailed to you. The ADA Request Form should be submitted at the same time as the application.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between July 1, 2011 and October 31, 2011 will reflect a license expiration date of October 31, 2013. Licenses issued prior to July 1, 2011 will reflect an expiration date of October 31, 2011, and must renew in the upcoming renewal period.

- All Pharmacist licenses expire on October 31 of odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Registrations Online Services at: www.doradls.state.co.us to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To apply for a **Pharmacist license by License Transfer (Endorsement)**:

- Submit the Preliminary Application for Transfer of Pharmaceutic Licensure and fee directly to the National Association of Boards of Pharmacy (NABP).**
 - The application can be obtained online at www.nabp.net; telephone 1-847-391-4406.
 - Once NABP reviews and verifies the information, they will send the Official Application for Transfer of Pharmaceutic Licensure to you for completion.
- Submit (1) the completed Application for License by License Transfer (Endorsement) attached, (2) the Official Application for Transfer of Pharmaceutic Licensure, and (3) any supporting documentation to the Office of Licensing.**
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Complete the Affidavit of Eligibility form (attached).** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Take and pass the Multi-State Pharmacy Jurisprudence Exam (MPJE).**
 - Once your applications have been received and evaluated, and you have registered for the exam through NABP, you will then be approved to sit for the examination.
 - Information regarding the licensing process is available online in the Registration Bulletin at www.nabp.net; telephone 1-847-391-4406.
 - The Study Guide for the Colorado Portion of the MPJE is available online at: www.dora.state.co.us/pharmacy/pha/licensing.htm.

Incomplete applications may delay processing time.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Pharmacy
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

PART 1—APPLICANT INFORMATION

Name: Last:		First:	Middle:	Suffix:
Previous Name(s):				
Social Security Number:		Date of Birth (mm/dd/yyyy):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth (city and state, or foreign country):				
Mailing Address:		PO Box, Street:		
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business		City, State, Zip:		
Daytime Telephone Number: ()			E-mail Address:	
			Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

PART 2—LICENSE INFORMATION

List each jurisdiction in which you are or have ever been licensed as a Pharmacist (if needed, attach an additional sheet in the same format):

State/Country	License Number	Year license Issued	Disciplinary action against license?	Is this license current/active?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

I was licensed by exam in the state of: _____ . This license must be active.

I am currently practicing as a Pharmacist with an active license in good standing in the state of: _____

PART 3—SCREENING QUESTIONS

If your answer is YES to any of the following questions, provide additional details or an explanation on a separate sheet and copies of all available court documents. *

1. Have you ever been convicted of, pled guilty to, pled *nolo contendere* to, or received a deferred judgment for a felony? YES NO

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY **LICENSE NUMBER:** _____ **DATE ISSUED:** _____

PART 3—SCREENING QUESTIONS (Continued)

- | | |
|--|--|
| 2. Have you ever been convicted of, pled guilty to, pled <i>nolo contendere</i> to, or received a deferred judgment for a misdemeanor (including but not limited to DUI or DWAI)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you ever been convicted of, pled guilty to, pled <i>nolo contendere</i> to, or received a deferred judgment for any offense pertaining to state or federal drug law? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever had any disciplinary action taken against your license or pending against you in any state? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a pharmacist safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Do you have, or have you had, any malpractice judgments rendered against you? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a pharmacist safely and competently? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law.

I understand that under the Colorado Pharmaceuticals and Pharmacists Act, providing false information is grounds for disciplinary action, injunction, or criminal action.

Applicant Signature

Date

* Please be advised an affirmative response to one of the screening questions may delay your application. For affirmative responses for any reason, provide a detailed explanation.

- If an affirmative response is due to any type of court action, provide copies of all court documents, including the charges, plea agreement or jury verdict, sentencing, and documentation that you completed all court ordered requirements. Failure to provide this information may result in your application being delayed.
- If an affirmative response is due to a disciplinary action from another state board of pharmacy, provide a copy of the disciplinary action, a detailed explanation of the circumstances surrounding the action, and, if applicable, documentation that you have completed all requirements ordered by the action. Failure to provide this information may result in your application being delayed.

In addition, if you have had any of the following:

- two or more alcohol related infractions within the five years preceding the application,
- three or more alcohol related infractions within the ten years preceding the application, or
- any substance abuse and related issues in the five years preceding your application which may impair your ability to practice pharmacy,

the Board may direct you to be assessed by the Pharmacy Peer Health Assistance Diversion Program (PPHADP) prior to acting on your application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact PPHADP to schedule an evaluation at the beginning of the application process. By doing so, the application should not be unduly delayed. An applicant is not required to contact PPHADP in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a PPHADP evaluation is necessary. However, doing so will delay a final decision regarding your application.

Contact information for the PPHADP is as follows: Pharmacy Peer Health Assistance Diversion Program (PPHADP), 2170 South Parker Road, Suite 229, Denver, CO 80231; (303) 369-0039 x247 or (866) 369-0039 x247.