

Colorado Division of Registrations  
**Office of Licensing—Pharmacy**  
1560 Broadway, Suite 1350  
Denver, CO 80202  
Phone: (303) 894-7800 / FAX: (303) 894-7693  
[www.dora.state.co.us/registrations](http://www.dora.state.co.us/registrations)

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## **REACTIVATION APPLICATION—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.** Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-22-116, and the Board Rules, both available online at [www.dora.state.co.us/pharmacy](http://www.dora.state.co.us/pharmacy).

**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.

**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](http://www.doradls.state.co.us).

## APPLICANT CHECKLIST

To apply to reactivate your inactive **Pharmacist** license:

- Submit a completed application and supporting documentation if required.** Return the completed application and all 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).

**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.*



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*.

Colorado Pharmacist License Number: \_\_\_\_\_ Date License Inactivated: \_\_\_\_\_

**PART 1—APPLICANT INFORMATION**

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

**PART 2—LICENSE INFORMATION**

Since the date your license became inactive, have you been practicing as a Pharmacist:

(a) in the state of Colorado?  YES  NO

➤ If **YES**, attach an explanation.

Since the date your license became inactive, have you been practicing as a Pharmacist:

(b) in another jurisdiction?  YES  NO

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	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

Are there any pending complaints against you in any other jurisdictions?  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.

**PART 3—CONTINUING EDUCATION AND COMPETENCY TO PRACTICE**

**If your license has been inactive 24 months or less:**

I certify that I have completed 24 hours of ACPE-approved continuing education in the 24 months prior to the receipt of this application in the Division of Registrations.  YES  NO

**If your license has been inactive more than 24 months:**

- Complete the Continuing Education Record (attached) verifying completion of one (1) hour of ACPE-approved continuing education for each month your license has been inactive. Twenty-four (24) of the hours must have been completed in the 24 months prior to the receipt of this application in the Division of Registrations; **AND**
- Take and pass the Multistate Pharmacy Jurisprudence Examination (MPJE). Apply for the MPJE at [www.nabp.net](http://www.nabp.net), then schedule your appointment to sit for the exam with the information furnished on your Authorization to Test (ATT).

**PART 4—SCREENING QUESTIONS**

**You must provide the following for each “YES” response to the screening questions below:**

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

**You may be required to provide the following:**

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

**Since the date of your last renewal:**

1. Have you been convicted of, pled guilty to, pled *nolo contendere* to, or received a deferred judgment for a felony?  YES  NO
2. Have you been convicted of, pled guilty to, pled *nolo contendere* to, or received a deferred judgment for a misdemeanor (including but not limited to DUI or DWAI)?  YES  NO
3. Have you been convicted of, pled guilty to, pled *nolo contendere* to, or received a deferred judgment for any offense pertaining to state or federal drug law?  YES  NO
4. Have you had any disciplinary action taken against your license or pending against you in any state other than Colorado?  YES  NO
  - 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.
5. Have you had any malpractice judgments rendered against you?  YES  NO

**PART 4—SCREENING QUESTIONS (Continued)**

6. 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?  YES  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?  YES  NO

If you have had any of the following:

- two or more alcohol-related infractions within the five (5) years preceding this application;
- three or more alcohol-related infractions within the 10 years preceding this application; or
- any substance abuse and related issues in the five (5) 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 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.

**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 and may constitute violation of the practice act.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

