



## 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.*



All required items must be submitted to the Office of Licensing in **ONE COMPLETE PACKAGE**. Incomplete applications will delay processing time.

**To reinstate the registration as a wholesaler:**

- ◆ **Complete this application, and pay the fee(s) listed on the application.** Fees may be paid by a 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.
- ◆ **You must have an active license in your resident state.** If not, you must submit an application for new registration.
- ◆ **Submit a verification of licensure from the resident state board of pharmacy,** using the attached *Verification of License/Registration* form. **Note:** In lieu of the *Verification of License/Registration* form, you may submit the detailed online screen print from the state board of pharmacy webpage. The screen print must list the facility address and must address any discipline, if applicable.
- ◆ **Designated Representative.** Submit fingerprints to the Colorado Bureau of Investigation for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing records of the Colorado Bureau of Investigation and the Federal Bureau of Investigation.
  - If the applicant is statutorily exempt or is able to apply for an exemption to this requirement, complete the attached exemption form.
  - If a waiver has been previously granted, enclose a copy of the waiver with the exemption form.See the fingerprinting and background check instructions attached to this application.
- ◆ **If the registration has been expired 2 years or more,** submit a copy of the most recent inspection report conducted within the past 5 years by the resident Pharmacy board, or by Verified-Accredited Wholesale Distributors. If an FDA registered manufacturer, submit proof of registration with FDA.

*If additional pages are attached to respond to requested information in any part of the application, please indicate the number of the item to which you are responding.*

**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.**

**PART 1.**

**Select from the following:**

- I am submitting a reinstatement application for Out-of-State Wholesaler registration.** \$263  
➤ *Enclose fee with your application and continue to part 2.*

—AND/OR—

- I am reporting a Transfer of Ownership for a current registration.** \$300  
Previous owner name: \_\_\_\_\_  
Effective date of new ownership: \_\_\_\_\_  
➤ *Enclose fee with your application and continue to part 2.*

—AND/OR—

- I am reporting a change in existing registration as follows:** (select all that apply)
- Change of Location** \$125  
Previous location: \_\_\_\_\_
- Change of Business Name** \$35  
Previous business name: \_\_\_\_\_  
Effective date of new name: \_\_\_\_\_
- Change of Designated Representative** \$35  
Previous Designated Representative: \_\_\_\_\_  
Effective date of change: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

**PART 2.**

**I wish to reinstate my expired registration to an ACTIVE status.** I certify that any changes to the Business Structure, Designated Representative, Address, and Licensure Status will be documented in this application.

1. Colorado Registration Number: \_\_\_\_\_ Date Registration Expired: \_\_\_\_\_.

2. Business Name: \_\_\_\_\_

List all trade names or DBA names used by business: \_\_\_\_\_

3. Wholesaler business license number in the state of residence: \_\_\_\_\_

a. Is the license active?  YES  NO

4. Federal Employer Identification Number (FEIN): \_\_\_\_\_

5. Facility Business Address: \_\_\_\_\_  
Street & Number City State Zip Code

6. Daytime Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

7. Has the facility distributed drugs into Colorado since the registration has expired?  YES  NO

8. Type of Ownership (**check one** and complete information as applicable):

**No Change**

**Sole proprietor**

Full name of owner: \_\_\_\_\_

Owner's Social Security Number: \_\_\_\_\_

**Partnership**

Name of Partnership: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

List full name of each partner (attach additional pages if necessary): \_\_\_\_\_

**Corporation**

ATTACH A STATEMENT to this application listing the following:

Name and title of each corporate officer and director

Name of parent company, if any

Corporate names and state of incorporation

Federal Employer Identification Number of the business entity

**Limited Liability Corporation**

ATTACH A STATEMENT to this application listing the following:

Name of Limited Liability Corporation

Name and title of each member

Name of parent company, if any

State of incorporation

Federal Employer Identification Number of the business entity

**Limited Liability Partnership**

ATTACH A STATEMENT to this application listing the following:

Name of Limited Liability Partnership

Name and title of each member

Name of parent company, if any

Federal Employer Identification Number of the business entity

**Governmental Entity**

Name of Director: \_\_\_\_\_

Name of Governmental Entity: \_\_\_\_\_

9. **Designated Representative:** This is the person who is responsible for the operation of the facility in compliance with all applicable laws, rules, and regulations pertaining to drugs and devices. **He or she must include a resume and complete the attached affidavit.**

Full name and title: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Educational background: \_\_\_\_\_ Length of service with applicant: \_\_\_\_\_

**Changes to any of the information supplied in Part 2,  
including change in name or title of the Designated Representative,  
must be submitted in writing to the Board within 14 days of such change.**

### PART 3.

10. **Background Questions:** If the answer to any question is YES, attach additional pages and explain fully.
- A. Has the applicant or any person identified in this application been convicted under any federal, state, or local law relating to drug samples, drug manufacturing, drug dispensing, wholesale or retail drug distribution, or distribution of controlled substances?  YES  NO
- B. Has the applicant or any person identified in this application had any criminal or civil conviction under federal or state laws? (This includes deferred judgments or sentences.)  YES  NO
- C. Has any person identified in this application had any license or registration to manufacture, dispense, or distribute legend drugs or controlled substances disciplined, suspended, or revoked?  YES  NO
- D. Has any person identified in this application been convicted of a felony, pled nolo contendere, or received a deferred judgment or deferred sentence to a felony under any federal, state, or local law?  YES  NO
- E. Has any registration or license to manufacture or distribute legend drugs and/or controlled substances currently or previously held by applicant ever been disciplined, suspended, or revoked?  YES  NO
11. **Personnel:** Does applicant have a system which ensures that all employees engaged in distribution have the appropriate education and/or experience to properly assume responsibility and act in compliance with applicable federal and state laws and regulations?  YES  NO
- If the answer is NO, attach additional pages explaining fully when and how compliance will be achieved.
12. **Customers:** Drugs, which are manufactured or distributed, will be distributed to the following (please check **all** that apply):
- Community Pharmacies
  - Hospital Pharmacies
  - Wholesalers
  - "Other Outlets" [these are non-pharmacy outlets where drugs are dispensed]
  - Physicians and other practitioners licensed to prescribe
  - Person responsible for control of animal if distributing veterinary drugs
  - Manufacturer

I certify that an inspection has been conducted of the applicant by the resident Pharmacy board; or by Verified-Accredited Wholesale Distributors (VAWD) within the past 2 years; or the applicant is an FDA-registered manufacturer.

If the license has been expired 2 years or more, submit a copy of the most recent inspection report conducted within the past 5 years by the resident Pharmacy board, or by Verified-Accredited Wholesale Distributors. If an FDA registered manufacturer, submit proof of registration with FDA.

**Per C.R.S. 12-4-104(13)(a), any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in C.R.S. 18-8-503. In accordance with C.R.S. 18-8-503 and C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law.**

**THIS APPLICATION COMPLETED BY:**

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office of Licensing–Pharmacy  
1560 Broadway, Suite 1350  
Denver, CO 80202

**VERIFICATION OF LICENSE / REGISTRATION FORM**

A verification of license from your resident state Board of Pharmacy is required. Contact your resident state board to determine if a fee is required, prior to sending this form to them. You are responsible for ensuring that this completed form is received by the Office of Licensing.

**PART 1: To be completed by the APPLICANT.**

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PART 2: To be completed by the LICENSING BOARD.**

This certifies that \_\_\_\_\_ (*business name*) is licensed/  
registered, or has been licensed/registered, in the state of \_\_\_\_\_

as a \_\_\_\_\_ (*type of business*).

License/registration number \_\_\_\_\_ issued on \_\_\_\_\_ expires on \_\_\_\_\_.

Has the applicant's license/registration ever been suspended or revoked?  YES  NO  
▶ If YES, please attach documentation.

Is applicant currently under investigation or charged with a violation of the practice act?  YES  NO  
▶ If YES, please provide details.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Internet address of Board's website for online verification (if available)

[AFFIX BOARD SEAL HERE]

## DESIGNATED REPRESENTATIVE AFFIDAVIT

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, certify the following:

1. I am the designated representative for the above-referenced facility.
2. The information contained in the application and this document is correct including, but not limited to, the responses to the Background Questions in Part 3.
3. I am familiar with the requirements of the Federal Food, Drug and Cosmetic Act and its supporting regulations.
4. I am at least twenty-one years of age.
5. I have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the record keeping related to prescription drugs.
6. I am employed by the applicant or facility in a full-time managerial position.
7. I am actively involved in and aware of the actual daily operation of the wholesaler.
8. I am physically present at the facility during regular business hours, except when the absence of the designated representative is authorized, including but not limited to, sick leave and vacation leave.
9. I do not serve as the designated representative for more than one wholesaler.
10. I do not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or a controlled substance.
11. I do not have any felony, civil, or misdemeanor convictions pursuant to federal, state, or local law. (This includes deferred judgments or deferred sentences.)
12. I agree to notify the Board in writing when I cease to be the designated representative of this facility.
13. I attest that, pursuant to C.R.S. 12-22-803, I have submitted my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing records of the CBI and the Federal Bureau of Investigation (FBI). The Board, which makes the determination of suitability for licensing, will provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R. 16.34. The Board will not deny the license based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Direct all challenges to your record to the FBI's Criminal Justice Information Services Division, Attention: Correspondence Group, 1000 Custer Hollow Rd., Clarksburg, WV 26306.

**Per C.R.S. 12-4-104(13)(a), any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in C.R.S. 18-8-503. In accordance with C.R.S. 18-8-503 and C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law.**

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

**If the wholesaler is changing designated representatives, indicate the name of the previous designated representative and the date this individual ceased to be the designated representative for this wholesaler.**

Previous Designated Representative: \_\_\_\_\_

Date Ceased to be Designated Representative: \_\_\_\_\_

## EXEMPTION FROM REQUIREMENTS

Applicant Name: \_\_\_\_\_

- The applicant is a pharmacy benefits manager and is applying to be exempt from the fingerprinting and background check for the designated representative. The applicant swears that its purchases are solely from a manufacturer or a wholesale distributor in the normal distribution channel, and any subsequent sales or further distributions are to entities other than a wholesaler within the normal distribution channel.
  - Provide a written explanation/justification for the request. In addition, provide a written explanation as to why the requirements are too onerous.
  
- The applicant is applying to be exempt from the fingerprinting and background check for the designated representative, and the requirements of pedigrees. The applicant swears that it exclusively distributes animal health medicines.
  - Provide a written explanation/justification for the request. In addition, provide a written explanation as to why the requirements are too onerous.
  
- The applicant is exempt from the fingerprinting and background check for the designated representative. The applicant affirms that it is operated by a nonprofit organization exempt from taxation under section 501(c)(3) of the Federal Internal Revenue Code of 1986, as amended, and engages only in intracompany sales or transfers of prescription drugs to licensed other outlets or pharmacies that are controlled by, or under common ownership or control with, the wholesaler. The applicant also affirms that it purchases drugs directly from the manufacturer or the manufacturer's authorized distributor of record for distribution, as defined in C.R.S. 12-22-801(1)(b), for distribution or transfer to the wholesaler's licensed other outlets or pharmacies.
  
- The applicant is exempt from the fingerprinting and background check for the designated representative. The applicant affirms that it is a licensed wholesaler operated by a hospital, a state agency, or a political subdivision of the State of Colorado. It also affirms that it purchases drugs directly from a manufacturer or manufacturer's authorized distributor of record for distribution, as defined in C.R.S. 12-22-801(1)(b), for distribution or transfer to the authorized, licensed entities within its own network.
  
- The applicant is exempt from the fingerprinting and background check requirement for the designated representative, as well as the inspection requirement for the applicant. The applicant affirms that it is an FDA-registered manufacturer.

**Per C.R.S. 12-4-104(13)(a), any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in C.R.S. 18-8-503. In accordance with C.R.S. 18-8-503 and C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law.**

Signature of Designated Representative: \_\_\_\_\_

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

**OUT-OF-STATE WHOLESALER  
DESIGNATED REPRESENTATIVE – FINGERPRINTING AND BACKGROUND CHECK INSTRUCTIONS**

The wholesaler’s designated representative must submit fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing records of the Colorado Bureau of Investigation and the Federal Bureau of Investigation prior to:

- Issuance of a new registration
- Approval for a transfer of ownership
- Approval for a change in the designated representative of a wholesaler

**IMPORTANT**

**It can take twelve (12) weeks for this process to be completed. Please begin the background check process immediately.**

The Designated Representative must complete the following steps:

1. Obtain a Fingerprint Card (Form FD258) from your local law enforcement agency. If your local law enforcement agency does not provide fingerprint cards, you may obtain the card from the Colorado Correctional Industries’ Forms Center by calling (303) 370-2165 or by completing and mailing in the form on the internet at [www.coloradoci.com](http://www.coloradoci.com), or in person at the center at 4999 Oakland Street, Denver, CO 80239. Costs, instructions and directions can also be found online. Fingerprint Cards are not available through the Division of Registrations.
2. Fill out the Fingerprint Card (Form FD258) **using only black ink**. No other forms or cards will be accepted. Accurately complete the required identification information. You must complete all information exactly as shown below or the card will be rejected.

**Type or print in black ink exactly as shown.**

**This is not an example. You must input “Colorado State Board of Pharmacy” as your employer and use the address listed in the box below.**

<b>EMPLOYER AND ADDRESS</b>	<b>REASON FINGERPRINTED</b>	<b>YOUR NO. OCA</b>	<b>ORI (if not already completed as follows):</b>
Colorado State Board of Pharmacy 1560 Broadway, Suite 1350 Denver, CO 80202	Wholesaler Registration CRS 12-22-801	CONCJ0599	COCBI0000 COLO B OF I Denver, CO

3. Fingerprints must be taken by a representative of a law enforcement agency, utilizing the correct Fingerprint Card (Form FD 258). Present a government-issued photo identification to the law enforcement representative. The law enforcement representative must sign the card where indicated (Signature of Official Taking Fingerprints) and the Designated Representative must sign in the appropriate box (Signature of Person Fingerprinted). **Note:** Call your local law enforcement agency for cost and hours of operation.
4. Mail the card and exact fee to the Colorado Bureau of Investigation (CBI), 690 Kipling Street, Suite 3000, Denver, CO 80215. **The CBI does not accept personal checks.** Payment may be made (payable to CBI) by Money Order, Cashier’s Check, or Company check. At the time of posting these instructions, the CBI charges \$39.50 to conduct the criminal background check. You may confirm that this fee is correct by calling (303) 239-4208.  
  
The card will be returned to you if: (1) fingerprints are not readable, due to low quality of print characteristics; (2) payment is not made in the exact amount; or (3) the wrong fingerprint card is used (you must use Form FD258).
5. CBI will complete the background check and submit it directly to the Office of Licensing. **(Please do not call the Office of Licensing to check on the status.)** You will be notified if information in your background check requires Board review.