

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

APPLICATION FOR LICENSURE—PHARMACY INTERN

APPLICANT INSTRUCTIONS

Basic Requirements. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-22-111, and the Board Rules, specifically Rule 4.00. Both are available online at 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.

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 Pharmacy Intern 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.

If you are licensed as a pharmacist in another state and are not enrolled in the non-traditional pharmacy program at the University of Colorado, you are NOT eligible to be an intern.

Do not start practice as an intern until a license number is assigned to you.

Do not work in a pharmacy without the presence of a Licensed Pharmacist.

Be sure your Preceptor is approved as such by the Board.

An Intern Hours Affidavit form, an Intern Manual, and forms to report any address or employment changes are available online at www.dora.state.co.us/pharmacy.

The Intern Hours Affidavit form must be submitted to obtain credit for intern hours upon applying for licensure as a pharmacist.

APPLICANT CHECKLIST

To apply for licensure as a **Pharmacy Intern**:

- 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).
- Provide proof of enrollment with an approved school of pharmacy in the form of ONE of the following:**
 - A Dean's Letter certifying attendance/and status as a student or graduate; **OR**
 - An official transcript showing the degree conferred and date.
- If you are enrolled in the non-traditional pharmacy program at the University of Colorado:**
 - Have any jurisdiction where you are or have been licensed as a pharmacist send an official verification of licensure and good standing; **AND**
 - Provide an official letter stating your enrollment status.
- Foreign-trained graduates** should include a certified copy of their Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate. Contact the National Association of Board of Pharmacy Foundation, Foreign Pharmacy Graduate Examination Committee online at www.nabp.net or telephone (847) 391-4406.

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.*



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—EDUCATION AND EXPERIENCE

Pharmacy school attending:	Original date of enrollment:	
Are you enrolled in the non-traditional pharmacy program at the University of Colorado? <input type="checkbox"/> YES <input type="checkbox"/> NO ► If YES, have state(s) where you are licensed as a pharmacist send verification of licensure and good standing.		
Are you a licensed intern in another state, territory, or country? <input type="checkbox"/> YES <input type="checkbox"/> NO ► If YES, list details (if needed, attach an additional sheet using the same format):		
State	License Number	Issue Date
Are you a licensed pharmacist in another state, territory, or country? <input type="checkbox"/> YES <input type="checkbox"/> NO ► If YES, list details (if needed, attach an additional sheet using the same format):		
State	License Number	Issue Date

*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 2—EDUCATION AND EXPERIENCE (Continued)

Do you hold a Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
▶ If YES, give EE number and effective date: _____	
Name of last Pharmacy school attended:	Date last attended:
Name of Dean:	Reason for non-attendance: (i.e., graduation)

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
2. Have you ever 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 ever 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 ever had any disciplinary action taken against your license or pending against you in any state? YES 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 pharmacy intern safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? YES NO
6. Do you have, or have you had, any malpractice judgments rendered against you? 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 pharmacy intern safely and competently? YES NO

* 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 Pharmacy Peer Health Assistance Diversion Program 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.

APPLICANT NAME: _____

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.

I must comply with federal and state laws, rules and regulations of the State Board of Pharmacy, and must submit such reports as requested by the State Board of Pharmacy. I am aware that I may not legally compound or dispense drugs or medicines except under the immediate and personal supervision of a registered pharmacist.

Applicant Signature

Date