Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

Mail Order Pharmacy
(Not located in the State of Maine)
Change of Pharmacist in Charge

Do not return the informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: pharmacy.lic@maine.gov

Published under appropriation 01402A4350012
35 State House Station, Augusta ME 04333
Website: www.maine.gov/professionallicensing

Revised 04/2014
Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete and a letter is being sent to you, the letter will be available for you to see online.

Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

Once your license is issued it is immediately visible online with an “active” status. Licenses are printed off site and require at least 14 business days for delivery.

If there is an urgent need to contact us, please be advised that we will only discuss your application with the contact person named in the application to avoid miscommunications. This is done not only for your protection, but to also avoid any complications with too many hands involved, which generally leads to miscommunication or misunderstandings. Our goal is to streamline your process, not complicate it.

Once your application for a change of a pharmacist in charge has been approved a new license will be printed and mailed. Please be advised that licenses are printed off site and require at least 14 business days for delivery.

Incomplete applications or documents that have been modified or altered in any way, including use of a white out substance will not be accepted and will be returned.

Pursuant to 32 MRS § 13752 (2)(C) the pharmacist in charge that is “the” named pharmacist in charge for a mail order pharmacy must be the same pharmacist in charge named for the Mail Order Pharmacy license in the state that the pharmacy is physically located.

**LAW AND BOARD RULE REFERENCE**

Information contained in this application is not a substitute for carefully reviewing applicable laws and rules. You may obtain a copy of the laws and board rules online at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)—Click on “list of licensed professions”, click on “Pharmacy” under “Board of Pharmacy Home” click on “Laws & Rules”

Notwithstanding, please pay particular attention to the following:

- 32 MRSA Chapter 117, Subchapter 5
- Board Rules, Chapter 11
Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES
BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.
<table>
<thead>
<tr>
<th>APPLICANT INFORMATION (please print)</th>
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<tbody>
<tr>
<td>NAME OF MAIL ORDER PHARMACY</td>
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<tr>
<td>FEIN OR SSN</td>
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<tr>
<td>PHYSICAL LOCATION OF THE MAIL ORDER PHARMACY</td>
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<tr>
<td>CITY</td>
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<tr>
<td>MAILING ADDRESS</td>
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<td>CITY</td>
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<td>PHONE # ( )</td>
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PERSON RESPONSIBLE FOR COMPLETING AND SUBMITTING APPLICATION
(must be an owner or officer of the entity)

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE DATE

Maine Board of Pharmacy
Change of Pharmacist in Charge
for a Mail Order Pharmacy
Required Fee: $100.00 (Non-Refundable)

Maine Mail Order Pharmacy License #
MO ___________________________
Expiration Date __________________

PAYMENT OPTIONS:
Make checks payable to “Maine State Treasurer” - If you wish to pay by MasterCard or Visa, fill out the following:

NAME OF CARDHOLDER (please print name on card)
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my

☐ VISA  ☐ MASTERCARD

the following amount: $ ____________

☐ I understand that fees are non-refundable

Card number: ____________________________ Expiration Date ________ / ________

SIGNATURE DATE

Office Use Only:
Check # ____________
Amount: ____________
Cash # ____________
Lic. # ____________
Issue Date ____________
Exp. Date ____________
**SECTION 1: COMPANY INFORMATION**

Name of Mail Order Pharmacy

<table>
<thead>
<tr>
<th>Mail Order Pharmacy Telephone Number</th>
<th>Mail Order Pharmacy Fax Number</th>
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Toll-Free Telephone Number

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<tr>
<th>E-mail Address</th>
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Web Address

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<th>DEA # (Required pursuant to Rules, Chapter 11, Section 1 (1)(E), if not applicable, you must provide a written statement)</th>
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All Trade Names or Business Names of the Mail Order Pharmacy

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**SECTION 2: PHARMACIST IN CHARGE INFORMATION** (32 MRSA §13702-A (23) “Pharmacist in charge means the pharmacist who is responsible for the licensing of the pharmacy,” and the contact person for this office for licensing the mail order pharmacy.)

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<tr>
<th>Last Name</th>
<th>First Name</th>
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Contact Address

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<th>Zip Code</th>
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Telephone Number

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License Number: State Issued License Expiration Date:

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**EFFECTIVE DATE OF CHANGE**

Effective date you, the pharmacist in charge, will take over as PIC

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INITIALS OF APPLICANT

Published under appropriation 01402A4350012 Revised 04/2014
35 State House Station, Augusta ME 04333 Website: www.maine.gov/professionallicensing
### CRIMINAL BACKGROUND DISCLOSURE

*NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.*

Have you **ever** been denied registration by the U.S. Drug Enforcement Administration (DEA) or have you ever had a DEA Registration modified, restricted, suspended or revoked? Has any state or province denied, restricted, modified, suspended or revoked your state permit to prescribe or dispense controlled substances? If yes:

1. □ DEA action
   □ Other State of Province (Name) _______________________
2. Submit a copy of the official action by the entity.
3. Provide a detailed explanation in your own words on a separate sheet of paper.

Have you **ever** received a sanction from Medicare or from a state Medicaid program?

1. Medicare OR Medicaid Program (State) _______________________
2. Submit a copy of the official action by the entity.
3. Provide a detailed explanation in your own words on a separate sheet of paper.

Clarification on programs:
- Medicare – Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease.
- Medicaid – Health program administered by the United States government for people with limited incomes.
- MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid.

Have you **ever** been convicted by any court of any crime? If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.

Has any jurisdiction **ever** taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? If yes, enclose a detailed explanation and copies of all documents.

Are you currently the Pharmacist in Charge on record with the State Board your Mail Order Pharmacy is physically located?
SECTION 3: NOTICES

Please Note:
Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:
http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

Notice to Consumers (Board Rule Chapter 11, Section 5)

A mail order prescription pharmacy and mail order contact lens supplier shall include with each prescription filled prominent notice that complaints against the mail order prescription pharmacy may be filed with the Complaint Coordinator, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333.

SECTION 4: CERTIFICATION AND SIGNATURES

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

<table>
<thead>
<tr>
<th>Printed Name of Mail Order Pharmacy Owner or Officer</th>
<th>Title</th>
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<tbody>
<tr>
<td>Signature of Mail Order Pharmacy Owner or Officer</td>
<td>Date</td>
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</table>

Also, as the Pharmacist in Charge certify by my signature that I have read and understand the Maine Board of Pharmacy laws and rules and related laws and rules as it applies to a Mail Order Pharmacy. I also certify that the management of the pharmacy will be vested with the pharmacist in charge in all matters directly or indirectly related to the practice of pharmacy or in any matters related to health, welfare, and safety of the public, as required by laws and rules.

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<tr>
<th>Printed Name of PIC</th>
<th>Title</th>
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<tbody>
<tr>
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