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.

Pharmacy Intern
Student Educated in U.S. or Canada

Do not return the following 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
Note: The office location address may be used only for overnight deliveries only. The office address does not accept postal deliveries. You must use the mailing address for all other regular mail deliveries.

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8666
Web address: www.maine.gov/professionallicensing
Email: pharmacy.lic@maine.gov
APPLICATION INSTRUCTIONS
PHARMACY INTERN

**Fax submissions of applications and supporting documentation will not be accepted.**

**Board and Related Laws and Rules.** Laws and rules are available online at our website. Following is a suggested list of laws and regulations for you to read and become familiar with. This list may not be inclusive, for more detailed information visit our website at www.maine.gov/professionallicensing

- Maine Pharmacy law 32 MRS, Chapter 117
- Maine Board of Pharmacy rules 02 392 Chapters 1-38
- Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation law 10 MRS §8001-8003 et al.
- Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation rules 02 041 Chapters 10, 11, and 13

The Maine Board of Pharmacy requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

**PROCESSING TIME:**

✓ 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.

**LICENSE RENEWAL AND FEES**

✓ The license is subject to be renewed annually on or before the expiration date of December 31. You must certify enrollment at the time of your renewal.
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.

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.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- 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.
PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

<table>
<thead>
<tr>
<th>NAME OF CARDHOLDER (please print)</th>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
<th>LAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my □ VISA □ MASTERCARD □ AMERICAN EXPRESS □ DISCOVER the following amount: $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ I understand that fees are non-refundable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Card number: XXXX-XXXX-XXXX-XXXX</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Expiration Date mm/yyyy</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

SIGNATURE DATE
**SECTION 1: COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A PHARMACY INTERN LICENSE AS A PHARMACY STUDENT:**

College Education for the training.

| Name of College in which this student is currently enrolled in a pharmacy degree program. |
| Address |
| City | State | Zip |
| Telephone Number |
( )
| College Contact Person | Title |
| Contact Telephone Number | Date of Enrollment |
| Contact E-mail Address |

Is the Program Accredited by (check one):  □ ACPE  □ CCAP

**SECTION 2:** Check appropriate response to the question below. Any YES response must be fully explained by written statement on a separate sheet of paper, signed and dated, and submitted with your application.

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.
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

Incomplete Applications:

Pursuant to Board Rules Chapter 7 Section 1 (1) all applications that remain incomplete for more than 60 days will be discarded. Pursuant to Office of Professional and Occupational Regulations Rules Chapter 10 all fees associated with this application are NON REFUNDABLE.

Reporting of Non-IPPE/APPE Intern Hours:

No later than January 31 of each year, a pharmacy intern shall report on forms provided by the board all hours worked during the preceding calendar year outside of an IPPE or APPE. All reported hours must be verified by the pharmacist in charge or supervising pharmacist. Failure to report the intern hours timely will result in a non acceptance of hours.
SECTION 4: APPLICANT’S CERTIFICATION AND SIGNATURE

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.

Before mailing, double check that you have done the following:

- Application is complete to include all signatures
- Verification of licenses are attached for all states/jurisdictions held (if applicable)
- Copy of any disciplinary action(s) taken by another state or jurisdiction (if applicable)
- A copy of the Board’s Laws and Rules can be found at: [http://www.maine.gov/pfr/professionallicensing/professions/pharmacy/laws.htm](http://www.maine.gov/pfr/professionallicensing/professions/pharmacy/laws.htm)