



MAINE BOARD OF PHARMACY

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 Foreign Country** **other than 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

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address
35 State House Station, Augusta, ME 04333.

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 1-34
- 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

- ✓ 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.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH *mm / dd / yyyy* SOCIAL SECURITY NUMBER - -

CONTACT ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # () E-MAIL

BACKGROUND CHECK NOTICE: 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.

**Maine Board of Pharmacy
Pharmacy Intern
Educated in Foreign Country other than Canada
Required Fees: \$21.00 (Non-Refundable)
(includes criminal record check fees)**

This is a one-time fee. Once this license is issued you are subject to an annual renewal at no cost.

Office Use Only:
PI 2619 - \$21.00

Office Use Only:
Check # _____
Amount: _____
Cash # _____
Lic. # _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

MAILING ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my VISA MASTERCARD DISCOVER AMERICAN EXPRESS The following amount: \$ _____

I understand that fees are non-refundable

Card number: Expiration Date *mm / yyyy*

SIGNATURE **DATE**

SECTION 1: Pharmaceutical Education

College Education for the training.

Name of College in which you obtained your Pharmacy Degree Program.	
Address	
Country	
Telephone Number	
()	
College Contact Person	Title
Contact Telephone Number	Date of Enrollment/Date of Graduation
Contact E-mail Address	

You must submit written verification of matriculation in or graduation from a pharmacy professional academic degree program. For applicants who have not yet graduated, maintenance of matriculation is an ongoing requirement of licensure. Examples of accepted documents are college transcript in English, or FPGEC from NABP.

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.

<p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <p>1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p> <p>Clarification on programs:</p> <ul style="list-style-type: none"> • 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. 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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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>


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.

The Applicant certifies by his/her signature that the management of the pharmacy will be vested with the licensed pharmacist 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 32 MRS §13752(4).

Applications that are incomplete, altered (including the use of any white out substance), 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 supporting documents, and/or missing or wrong fee.

Printed Name of Applicant	Title
Signature of Applicant	Date
	

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

- ✓ **Application is complete to include all signatures**
- ✓ **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>**