



# MAINE BOARD OF PHARMACY

## Pharmacist Reinstatement

(91 days up to 2 years from Expiration)

(Reference Board Law 32 MRS §13734 (1))

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  
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](http://www.maine.gov/professionallicensing)  
Email: [pharmacy.lic@maine.gov](mailto: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** **PHARMACIST REINSTATEMENT**

The following is a guideline to assist in your application process. It does not, however, replace the requirements outlined in the Maine Board of Pharmacy Laws and Rules. Please review them carefully for more detailed and clarifying information.

**The Board may waive the Naplex and the Multi-State Pharmacy Jurisprudence Exam. Below is the information in the event you are required to re-test for either examination.**

- If you are **hold a current active licensed in another state** you are NOT required to re-take the examinations.
- If you are **NOT currently licensed in another state** you are required to re-take the MPJE. Effective May 1, 2017 the Maine Board will no longer be qualifying candidates for the MPJE. Prior to submitting this application you must have obtained a passing score on the Maine MPJE examination.

### **To be submitted with your application:**

- You must demonstrate that you are at least 21 years of age. A photocopy of your official birth certificate or other official legal document is acceptable.
- Official transcripts of your pharmacy degree must accompany your application.
  - All Foreign pharmacy graduates must submit the FPGEC issued by NABP. You must submit the appropriate certification evidence issued by NABP with this application. Please visit the NABP website for information on the FPGEE process and to contact NABP [www.nabp.pharmacy](http://www.nabp.pharmacy). We cannot assist you on this matter.
- You must provide evidence of having completed a minimum of 1,500 internship hours from a college or state licensing body. If a form is required, they accessible online at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)
- If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.
- 15 Hours of Continuing Education completed during the calendar year preceding this application

### **For Specialty Authorization:**

- In Maine, you must be authorized to Administer Drugs and Vaccines and/or Collaborative Drug Therapy Management by virtue of additional license(s). Applications to apply for an initial Administration of Drugs and Vaccines or Collaborative Drug Therapy Management are available online at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### **Continuing Education:**

As a Pharmacist you will be required to satisfy the Continuing Education requirements pursuant to 32 MRSA § 13735 and Board Rules Chapter 5. Please be sure to review this information carefully.

### **Laws and Rules:**

#### **Maine Board of Pharmacy Laws and Rules**

<http://www.maine.gov/pfr/professionallicensing/professions/pharmacy/laws.html>

All relevant laws and rules are accessible from this web page.

#### **Title 5 Administrative Procedures and Services Chapter 341**

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

#### **Title 10 Department of Business Regulation Law §§8001-8011**

<http://legislature.maine.gov/statutes/10/title10ch901sec0.html>

#### **Office of Professional and Occupational Regulation Rules 02 041**

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

Chapter 13, Uniform Rule for the Substantiation of Continuing Education Requirements

This office cannot provide you with a hard copy of laws and rules. However, all of these documents are available online at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Please visit the websites listed above to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

### **Processing Time:**

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing) to monitor your application's progress in real time. If the status appears as "PENDING", this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, the permit will be issued. The status online will show as "ACTIVE". If your application is incomplete, a letter will be mailed to you.

**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.**

### **IMPORTANT INFORMATION REGARDING YOUR LICENSE:**

**The Office no longer prints licenses.** You will be notified by email from [noreply@maine.gov](mailto:noreply@maine.gov) using the email address you provide on this application. A copy of your license will be attached to that email. (a paper license will not be sent by regular mail). **The email with your license will contain the access code that is required to renew your license online when the time comes.** You may also update your contact information and email address on our website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing) using your access code.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file, or you risk not being able to receive the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner.

## VERIFICATION OF LICENSURE

**\*\* A copy of your license is not considered a license verification \*\***

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status, i.e. active, inactive, lapsed, probation, restricted, suspended, or revoked.
- Indication of discipline-yes/no, a checkbox, (no) files attached, etc.—if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

A sample license verification is available on the Board's website in the applications and forms section.

**IMPORTANT:** Applications submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed, and any indication of disciplinary history.



**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			
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH		SOCIAL SECURITY NUMBER	
<i>mm / dd / yyyy</i>			
CONTACT ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
<b>BACKGROUND CHECK NOTICE:</b> 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  
Pharmacist Reinstatement  
Required Fees - \$196.00 (Non Refundable)**

License Number: \_\_\_\_\_

Date License Expired: \_\_\_\_\_

**Office Use Only:**

PR 1421 - \$75.00  
2619 - \$21.00  
2090 - \$100.00

*Office Use Only:*

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Exp. Date \_\_\_\_\_

**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)			
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
MAILING ADDRESS OF CARDHOLDER (please print)			
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS The following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:		Expiration Date <i>mm / yyyy</i>	
<b>SIGNATURE</b>		<b>DATE</b>	

## **SECTION 1: INTERNSHIP**

You must submit evidence of having completed 1,500 hours of internship training.

- Evidence from the college where I completed a pharmacy degree program.
- Signed affidavit(s) from Preceptor(s).
- Certification by a state pharmacy licensing board where these hours were reported.

## **SECTION 2: EDUCATION**

Please check all that apply:

- American Council on Pharmaceutical Education (ACPE)
- Canadian Council for Accreditation of Pharmacy Programs (CCAP)
- Foreign Pharmacy Graduate - FPGEC

College of Pharmacy		Date of Graduation
Contact Address	PO BOX or Street Address	
City	State	Zip
Official transcripts demonstrating your degree must be submitted with your application.		

## **SECTION 3: CONTINUING EDUCATION**

Your license requires 15 hours of continuing education for reinstatement. After you have reviewed the continuing education requirement listed in [title 32 §13735](#) and Board Rules Chapter 5, please indicate whether you have met the requirements. You must submit the certificates of completion and/or NABP CPE report demonstrating completion with this application.

- Yes
- No

**SECTION 4: LIST BELOW EVERY JURISDICTION IN WHICH YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE.** Includes pharmacy technician, pharmacy intern, pharmacist or any other professional license or registration. List each state in which you hold or have ever held a pharmacy technician, pharmacist or pharmacy intern license or registration.

1. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date
2. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date
3. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date
4. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date

**Use a separate sheet of paper if additional space is needed.**

**NOTE:** For each of the above, you must submit with this application an official Verification of Licensure from **each** licensing jurisdiction. **IMPORTANT:** Applications submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

**SECTION 5:** Check appropriate response to the questions 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 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:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> DEA action <input type="checkbox"/> Other State of Province (Name) _____</li> <li>Submit a copy of the official action by the entity.</li> <li>Provide a detailed explanation in your own words on a separate sheet of paper.</li> </ol>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____</li> <li>Submit a copy of the official action by the entity.</li> <li>Provide a detailed explanation in your own words on a separate sheet of paper.</li> </ol> <p>Clarification on programs:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Medicaid – Health program administered by the United States government for people with limited incomes.</li> <li>MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## **SECTION 6: 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 7: 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 is 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 Section 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
	





STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**MAINE BOARD OF PHARMACY**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035  
TEL:(207)624-8620 – FAX:(207)624-8637

**AFFIDAVIT OF INTERNSHIP HOURS**

**\*\*This form is only to be used if your state does not certify intern hours obtained\*\***

Hours worked at this site (give only exact dates that this report covers – **not entire work history**)

Last Name		First Name		Middle Name	
Contact Address (Street or PO Box)					
City		State		Zip Code	
Intern License Number		State Issued		Expiration Date	
Place of Internship - Name of Facility				License Number	
Physical Address					
City		State		Zip Code	
Telephone Number					
(   )					
Preceptor Name				License Number	

The above information was taken from payroll or other records which are kept at the following location(s) and

Beginning Date of this Report	End Date of this Report	Total number of hours worked at this site during the period stated.

may be examined by an agent of the Board (Give Street Address, City, and State): \_\_\_\_\_

I hereby state that the intern named above was trained at the site listed above, worked the hours reported, and practiced in accordance with the Board's Laws and Rules. I further understand that I shall be responsible for certifying the practical experience affidavits required by the Maine Board of Pharmacy and submit reports on the progress and aptitude of the intern when requested. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Affirmation and Signature of Preceptor

Date

State and License #



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**MAINE BOARD OF PHARMACY**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035  
TEL:(207)624-8620 – FAX:(207)624-8637

**CERTIFICATE OF MORAL CHARACTER**

*This form must be completed by the person attesting to the applicant's good moral, ethical and professional character.*

The person attesting to the applicant's good moral character must personally know him/her and be prepared to furnish additional information concerning the applicant's character, education, and standing as may be requested by the Board of Pharmacy.

I, the undersigned, hereby affirm that I am personally acquainted with the applicant named below and know him/her to be of good moral character.

***Please write legibly.***

By submitting this application and supporting documents I understand that the Maine Board of

Applicant's Name <i>(Please Print)</i>			
Name of Person Conferring Applicant's Character	Name		
	Street		
	City/State/Zip		
	Telephone #	Email Address:	
	Occupation	Date	
	Signature		
Briefly describe how the applicant is known to you. (e.g. fellow colleague, neighbor, long time friend, etc.)			

Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

SIGNATURE OF APPLICANT

DATE