BOARDS AND COMMISSIONS

Board of Pharmacy

(Amended at ARRS Committee)

201 KAR 2:030. License transfer.

RELATES TO: KRS 315.191(1)(c), (d), 315.210

STATUTORY AUTHORITY: KRS 218A.205***(8)***[***~~(7)~~***], 315.191(1)(a), (c), (d), 315.210

NECESSITY, FUNCTION, AND CONFORMITY: KRS 315.210 authorizes the board to establish conditions for licensure by reciprocity. KRS 218A.205***(8)***[***~~(7)~~***] requires the board to establish requirements for background checks for licensees. This administrative regulation establishes conditions, forms, and examination requirements for licensure by reciprocity.

Section 1. Definitions.

(1) "Board" is defined by KRS 315.010***(4)***[***~~(3)~~***].

(2) "License transfer" means a license to practice pharmacy in Kentucky issued by the board to a pharmacist licensed in another jurisdiction.

(3) "NABP" means the National Association of Boards of Pharmacy.

Section 2. An applicant licensed in another jurisdiction shall be eligible for license transfer, if the:

(1) Requirements for licensure of the jurisdiction that granted his or her license met or exceeded Kentucky requirements for licensure when the license in the other jurisdiction was granted;

(2) Applicant holds in good standing, an active license to practice pharmacy;

(3) Applicant has:

(a) Completed and certified the NABP Preliminary Application for Transfer of Pharmacist License form; and

(b) Received an NABP Official Application for Transfer of Pharmacist License;

(4) Applicant is currently in good standing in the jurisdiction from which he or she has applied;

(5) Applicant has successfully completed an examination in jurisprudence;

(6) Applicant has submitted to a nation-wide criminal background investigation by means of fingerprint check by the Department of Kentucky State Police and the Federal Bureau of Investigation; and

(7) Applicant has submitted to a query to the National Practitioner Data Bank of the United States Department of Health and Human Services.

Section 3. Required Information. An applicant shall provide the information required by the NABP Preliminary Application for Transfer of Pharmacist License form, including:

(1) Name, maiden, and other names used currently or previously;

(2) Address, telephone number;

(3) Date [~~and place~~] of birth[~~, and current age~~];

(4) Social Security number;

(5) Citizenship;

(6) Sex[~~Gender~~];

(7) State of original license by examination, including:

(a) License number;

(b) Original date of issue;

(c) Current status of original licensure; and

(d) State for which license transfer is requested;

(8) Pharmacy education, including:

(a) Name and location of pharmacy school;

(b) Name of pharmacy degree;

(c) Date degree was received; and

(d) Other professional degrees, including the information specified by paragraphs (a) to (c) of this subsection;

(9) Whether the applicant has earned certification by the Foreign Pharmacy Graduate Examination Committee, and, if so, the examination equivalency number assigned;

(10) Total hours of practical experience as an intern prior to licensure as a pharmacist[~~, including the State Board of Pharmacy with which the hours are filed~~];

(11) States, dates, and results of pharmacist licensure examinations;

(12) Pharmacist licenses currently held, including issue date, expiration date, status***,*** and any board action taken against the ***licensee***[***~~license~~***];[ ~~obtained by:~~]

[~~(a)~~] [~~Score transfer; and~~]

[~~(b)~~] [~~Licensure transfer;~~]

(13) Practice and employment, including nonpharmacist employment, from the past three ***(3)*** years***;***[~~initial licensure to the date of filing the application; and~~]

(14) Record of charges[~~,~~] or convictions of any felony or misdemeanor offense, other than traffic offenses, and whether or not a sentence was imposed or suspended;[~~, and fines imposed, or certification that the applicant has not been convicted, fined, or disciplined, or had a license revoked.~~]

(15) Record of any surrender of a pharmacist license or registration issued by the federal government or any state controlled substance authority;

(16) Record of any pharmacist license revocation, suspension, restriction, termination***,*** or other disciplinary action by any board of pharmacy or other state authority;

(17) Record of whether the pharmacist is currently under investigation or subject to disciplinary action by the licensing jurisdiction, federal Food and Drug Administration, federal Drug Enforcement Administration or any state drug enforcement authority for the violation of any state or federal pharmacy, liquor***,*** or drug laws;

(18) Record of any condition or impairment***, such as***[***~~including, but not limited to,~~***] substance or alcohol abuse or dependency that in any way affects the pharmacist's ability to practice pharmacy in a safe and competent manner; and

(19) Record of any application for initial licensure, renewal licensure***,*** or licensure by transfer that was denied by any licensing authority, whether in pharmacy or any other profession.

Section 4. The board shall accept [~~a~~ ]license transfer applications from [~~a jurisdiction~~]jurisdictions that:

(1) Are[~~Is~~] an active member of the NABP; and

(2) Grant[~~Grants~~] license transfers[~~transfer~~] to pharmacists[~~a pharmacist~~] pursuant to conditions and requirements that are the equivalent of conditions and requirements established by the board.

Section 5. An applicant shall take and pass the Multistate Pharmacy Jurisprudence Examination administered by the NABP.

Section 6. Fee. An applicant shall include the fees[~~fee~~] specified by 201 KAR 2:050, Section 1(2)[~~,~~] and (19)[~~(20)~~].

Section 7.

(1) "NABP Preliminary Application for Transfer of Pharmacist License", [~~3/06~~]April 2018, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law at the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. or on the Web site at https://pharmacy.ky.gov/professionals/Pages/Reciprocal-Information.aspx.

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