MONTANA BOARD OF PHARMACY
301 South Park Avenue, 4th Floor
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2356 FAX (406) 841-2343

dlibsdpha@state.mt.us
discoveringmontana.com/dli/pha

GERNERAL APPLICATION INFORMATION

DANGEROUS DRUG LICENSE

Manufacture/Distribute

- License can only be issued to a business who intends to manufacture or distribute in a wholesale fashion, controlled substances into the State of Montana.

Dispense

- License can only be issued in addition to a Certified Pharmacy or Mail Order Service license. Any pharmacy intending to dispense controlled substances in Montana must obtain a Dangerous Drug Dispenser endorsement

Analyze/Conduct Research

- This license can only be issued to an individual intending to conduct research or analyze controlled substances.

MAIL ORDER PHARMACY LICENSE

This license is required by any entity that;

- Is located outside the State of Montana and ships, mails, or delivers a dispensed legend drug to a resident in this state pursuant to a legally issued prescription.

- Provides to a resident of this state information on drugs or devices that may include but is not limited to advice relating to therapeutic values, potential hazards, and uses.

- Counsels pharmacy patients residing in this state concerning adverse and therapeutic effects of drugs.

REGISTERED PHARMACIST

Original State of Licensure/Score Transfer

- Applicants must have graduated from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy.

- Applicants are required to pass NAPLEX and MPJE.

License Transfer

- Applicants must complete the NABP (National Association of Boards of Pharmacy) license transfer application available at www.nabp.net

- After receiving an official application prepared by NABP the applicant will submit the form to the Montana Board of Pharmacy for approval. Upon approval the applicant will be sent all necessary material for examinations.

- The application for License Transfer is good for one year from the date received in the Board of Pharmacy office.

CERTIFIED PHARMACY

- Any facility dispensing prescription drugs or medicines must be licensed as a Certified Pharmacy.

- A schematic drawing of the pharmacy area is required with each application for a Certified Pharmacy.

- A Pharmacist-in-Charge must be designated for each Certified Pharmacy. The Pharmacist-in-Charge must hold and active Registered Pharmacist license in the State of Montana. Any change in Pharmacist-in-Charge must be reported in writing to the Board of Pharmacy office immediately.

- Any change in ownership or location of a Certified Pharmacy requires a new application be filed with the Board of Pharmacy.

- Each application for a Certified Pharmacy must designate the class of license being applied for. The definitions for each class of license can be found in 8.40.702, ARM.

- It is unlawful for a medical practitioner to own, directly or indirectly, a community pharmacy.

TECHNICIAN UTILIZATION PLAN

- Any Certified Pharmacy choosing to utilize a pharmacy technician must apply for a Technician Utilization Plan license.

- All application must be accompanied by a written plan for training and daily procedures for a pharmacy technician.

- All pharmacists responsible for supervision of the pharmacy technician must sign the application.

REGISTERED INTERN PHARMACIST

- To register as an intern, the applicant must be currently enrolled in an ACPE (American Council of Pharmaceutical Education) school of pharmacy.

- Applicants must register as an intern to practice pharmacy if not a registered pharmacist licensed in Montana.

- After taking the NAPLEX as an intern, applicants must complete all requirements for a registered pharmacist license within six months.

WHOLESALE DRUG DISTRIBUTOR

- This license is required of any entity engaged in the manufacturing, wholesale distribution, or selling of drugs, medicines, chemicals, or poisons for medicinal purposes other than to the consuming public or patient in the State of Montana.

- For wholesalers within the State of Montana, each location is required to obtain a license.

- For wholesalers outside the State of Montana, only the primary location of each entity is required to obtain a license.

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APPLICATION FOR OUT-OF-STATE MAIL SERVICE PHARMACY LICENSE
APPLICATION FEE $200.00 (Non-Refundable)

INSTRUCTIONS:

1. Businesses with more than one location must submit an application for each facility.
2. Any out-of-state mail service dispensing controlled substances must have a Dangerous Drug endorsement.
3. All out-of-state mail service pharmacies must register with the Montana Secretary of State per ARM 24.174.1002.
4. Review the pertinent Statutes and Administrative Rules of Montana on the internet at www.discoveringmontana.com/dli/pha
5. Make check or money order payable to the Montana Board of Pharmacy.

APPLICATION:

☐ New Application
☐ Revision to Current License # _____

Pharmacy Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Toll-Free Telephone Number: _____ Fax: _____

Resident State License Number _____ DEA Number _____

Telephone Number: _____ Fax : _____ Tax ID #: _____

Pharmacist-in-Charge: _____ License #: _____

Registered Pharmacist in charge of compliance with Montana pharmacy statutes and rules:
_____ License #:_____

Has the above pharmacist read the statutes and rules pertaining to the Montana Board of Pharmacy?
☐ Yes ☐ No

1. List all trade or business names used by same corporation or licensee.
_____
_____

2. Please check the type of ownership or operation.
☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other _____
If corporation, State of Incorporation _____

3. List the names and social security number of each owner and/or operator of the licensee.
_____
_____

4. List the names, addresses and titles of corporate officers or partners.
_____
_____
_____

5. Check the types of drugs dispensed.
☐ Controlled Substances ☐ Non-Controlled prescription Drugs

6. Do any of the applicant(s) and/or pharmacists-in-charge have criminal charges pending, or have they ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of their professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations, for which you paid a fine of $100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation
_____
_____
_____

7. Have any applications for licensure been denied by a federal or state agency? If yes, please explain.
_____
_____
_____

8. Date of registration with Montana Secretary of State pursuant to ARM 24.174.1002:
_____

9. Name of agent of record in Montana for service of process:_____

10. Date of last State inspection _____ (Please attach copy)

11. Indicate the method used to maintain readily retrievable records of sales of controlled substances, legend drugs and medical devices to individuals in the State of Montana.
_____
_____
_____

12. Are pharmacy technicians regulated in the state where the pharmacy is located? ☐ Yes ☐ No
If yes, state ratio allowed by state law. _____

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of the application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

_____ _____
Legal Signature of Applicant Dated

Subscribed and sworn to by me this _____ day of _____,
_____.

_____
Notary Public

SEAL

_____
For the State of

_____
Commission expires

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APPLICATION FOR REGISTRATION UNDER 1973 AMENDMENTS TO THE MONTANA DANGEROUS DRUG ACT

INSTRUCTIONS:

1. Make check or money order payable to the Montana Board of Pharmacy for $35.
2. Attach a copy of your current DEA registration.
3. Review the Statutes and Administrative Rules of Montana on the internet at **www.discoveringmontana.com/dli/bsd**

Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

DEA Registration Number: _____ Federal Tax I.D. Number: _____

If applying to dispense, please enter the Montana License Number for the pharmacy. _____

Signature_____ Date_____
(Signature of applicant or authorized individual)

Title _____
(if applicant is a corporation, institution or other entity)