MONTANA BOARD OF PHARMACY
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
PHONE (406) 841-2356 or 2355 FAX (406) 841-2305
EMAIL: dlibsdpha@mt.gov WEBSITE: www.pharmacy.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

APPROVAL REQUIREMENTS

- Actively engaged in the practice of pharmacy for two years unless otherwise approved by the Board or other approved disciplines
- A preceptor may only supervise one student in internship or one student in introductory pharmacy practice experience (IPPE) at any time. No more than three persons can be supervised at one time (including technicians and students) unless an exception is specifically granted by the Board. A pharmacist preceptor may supervise two students at a time if the students are completing an advanced pharmacy practice experience (APPE) through an approved school of pharmacy.

ADDITIONAL RULES AND STATUTES

- Engaged in active practice while acting as preceptor
- Not have been convicted of violation of any statutes or rules relating to pharmacy within three years prior to application
- Be acutely aware of the responsibilities governing professional conduct in the State of Montana
- Current knowledge of developments in the profession by exhibiting such attendances, readings, and actions, which conform to the best traditions of pharmacy
- Notify the Board of any change of address or employment within ten days. Change of employment shall serve to suspend preceptor approval until such time as reevaluation is made by the Board
- Not be permitted to leave an intern work alone to assume the responsibility of a pharmacist
- Repackaging, labeling and dispensing of drugs for distribution shall be under the supervision of a registered pharmacist or pharmacist preceptor

APPLICATION PROCEDURES

- When the application file is complete, it will be processed and considered by Board staff for licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.

PROCESSING PROCEDURES

- Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- The applicant will be notified in writing of any deficient or missing items from the application file.

For information with regard to the processing of this application or other concerns, please contact the Board of Pharmacy staff at (406) 841-2356 or 841-2355, or email us at dlibsdpha@mt.gov

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PRECEPTOR APPLICATION

Full Name _____

License # _____ State _____

Date Granted: _____

The pharmacy in which you are engaged in practice:

Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Indicate which of the following references are available in your pharmacy for use by an intern by noting the edition of the text:

USP DI	_____	Handbook of Nonprescription Drugs	_____
Facts and Comparisons	_____		
Physician's Desk Reference	_____	Hansten's Drug Interactions	_____
AHFS Drug Information	_____	Pharmacy Law Digest	_____
Remington's Pharmaceutical Sciences	_____	Montana Board of Pharmacy Statutes and Rules	_____

Others Available: _____

1. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, stipulations and consent and/or settlement agreements. ☐ Yes ☐ No

2. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No

3. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No

4. Have you voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked or subjected to other sanction or action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No

5. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No

6. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity? If yes, attach a detailed explanation. ☐ Yes ☐ No

7. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No

8. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation. ☐ Yes ☐ No

9. Have you any physical or mental condition which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No

10. Have you used alcohol or any other mood-altering substance in a manner which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

I hereby certify that I am willing to assume the responsibility of supervising the activities of a Pharmacy Intern as outlined in the regulations of the Board of Pharmacy and will report to the Board as requested on the progress and aptitude of any Pharmacy Intern under my supervision.

_____ _____

Applicant's Signature Date

If pharmacy owned or managed by other than the applicant for certification as a preceptor, the following must be signed:

I hereby certify that I am willing to have the herein named applicant serve as a Preceptor and will permit said Preceptor to supervise an intern in pharmacy.

_____ _____

Signature of Pharmacy Supervisor, Manager or Administrator Date