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
E-MAIL: dlibsdpha@mt.gov WEBSITE: www.pharmacy.mt.gov

INACTIVE PHARMACIST REQUEST FORM

Montana Pharmacist License Number _____ Date of Request for Inactive Status _____

Pharmacist Name _____

Address (Home) _____

City _____ State _____ Zip Code _____

Phone Number: _____ Email Address _____

Current Place of Employment _____

Address _____

City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

INFORMATION REGARDING INACTIVE STATUS:

- The fee for Inactive Status is $25.00 annually. Applications postmarked after June 30th will be assessed a penalty fee of $25.00, increasing the total amount due to $50.00.
- A pharmacist with an inactive Montana license may not practice in Montana for the period of inactive licensure.
- A pharmacist with an inactive Montana license must comply with the continuing education requirements of Montana and is subject to the annual audit of continuing education.
- A pharmacist with an inactive Montana license must renew the inactive license annually.
- In order to reactivate an inactive Montana license, the pharmacist must provide proof that the continuing education requirements for the State of Montana have been satisfied for the period of inactive licensure.
- In order to reactivate an inactive Montana license, the pharmacist must provide documentation of active pharmacy practice in another state. If the pharmacist has not been in active practice, completion of an internship and additional testing may be required per ARM 24.174.504.
- A pharmacist must contact the Board office to reactivate an inactive license.

By my signature below, I acknowledge that I have read and understand the information regarding inactive pharmacist license.

Yes ☐ **No** ☐ **Have any legal or disciplinary actions been instituted against you since your renewal?** If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

By signing this application, I am declaring under penalty of perjury that my application is true and complete and that I have complied with the continuing education requirements and that I am aware that a false statement may lead to discipline against my license.

_____ _____

Signature of Licensee Date