



STATE OF MAINE BOARD OF PHARMACY

**Application and applicant information to assist
in completing your application**

**Authorized Persons
Authorized Pharmacy Technicians**

**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/Hearing Impaired 1-888-577-6690
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: pharmacy.lic@maine.gov

APPLICATION INSTRUCTIONS

AUTHORIZED PERSONS & AUTHORIZED TECHNICIANS

****Fax submissions of applications and supporting documentation will not be accepted.**

This is an abbreviated checklist and does not replace the requirements outlined in the Pharmacy Laws and Rules. You must review them carefully for more detailed and clarifying information. For information on Board Law and Rules see our website at www.maine.gov/professionallicensing.

Board and Related Laws and Rules. Laws and rules are available online at our website. This is a short list of the laws and rules you should read and become familiar with:

- Maine Pharmacy law 32 MRS, Chapter 117
- Maine Board of Pharmacy rules 02 392 Chapters 1-32
- Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation law 10 M.R.S. §8001-8003 et al.
- Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation rules 02 041 Chapters 10, 11, and 13

INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED. Be sure to initial the bottom of each page where noted on your application. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review. All pages requiring initials must be returned to our office as part of your complete application.

The Board of Pharmacy requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:

- ✓ Please do not call our office regarding the status of your application as numerous calls will delay the timeliness of processing applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: 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.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMPANY APPLICATION**

PHARMACY INFORMATION (please print)

NAME OF PHARMACY

PHYSICAL LOCATION

CITY STATE ZIP

MAILING ADDRESS

CITY STATE ZIP

PHARMACY LICENSE NUMBER EXPIRATION DATE

DEA # EXPIRATION DATE

TELEPHONE NUMBER () FAX NUMBER ()

EMAIL ADDRESS

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 affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE OF PIC **DATE**

**Board of Pharmacy
Reporting Authorized Pharmacy Technicians and
Authorized Persons
No Fees Required**

- Reporting authorized pharmacy technicians
(Reference board rules chapter 13, section 8)
- Reporting authorized persons
(Reference board rules chapter 13, section 8)

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my VISA MASTERCARD the following amount: \$_____

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

SIGNATURE **DATE**

SECTION 1: THE BOARD OF PHARMACY HOLDS THE PIC RESPONSIBLE FOR ALL PHARMACY RELATED MATTERS.

Pharmacist in Charge Name			
Pharmacist License Number		Expiration Date	
Contact Address of PIC	City	State	Zip Code
E-mail Address			

SECTION 2: DESIGNATION OF AUTHORIZED PERSONS

Pursuant to Board Rules Chapter 1, section1: “an ‘authorized person’ is a person other than a pharmacy technician (e.g., computer technician, bookkeeper) who the pharmacist in charge has designated to be present in the prescription filling area **in the absence of a pharmacist** [Emphasis added] pursuant to Chapter 13, Section 6(7).”

1. First Name	MI	Last Name	Date of Birth
Contact Address		Street or P.O. Box	
City	State	Zip Code	County
Position Title		Purpose	
2. First Name	MI	Last Name	Date of Birth
Contact Address		Street or P.O. Box	
City	State	Zip Code	County
Position Title		Purpose	

INITIALS OF APPLICANT

SECTION 2 (CONTINUED): - Designation of Authorized Pharmacy Technicians

Name	License Number
Name	License Number
Name	License Number
Name	License Number
Name	License Number
Name	License Number

SECTION 3: NOTICES

Public Information

This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State’s website.

10 Day Notification Requirement

This applicant/licensee must report in writing to the Board the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

INITIALS OF APPLICANT

SECTION 3 (CONTINUED): NOTICES

Notice Regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

SECTION 4: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application.

By signing this application, I attest as Pharmacist in Charge that I will be present in the pharmacy a minimum of 30 hours per week, or 50 percent of the hours per week the pharmacy is open, which ever is less as required by board rules.

By signing this application, I acknowledge that I have read, understand, and agree to uphold the Laws and Rules of the Board and the requirements and duties of a pharmacist in charge (32 MRS §§ 13752 (2)(1)). I have been notified that my name may be reported to various disciplinary data banks if I am sanctioned by the Maine State Board of Pharmacy for violating the Board's Laws and/ or Rules and that I have answered the above questions. By submitting this application I understand that the Board of Pharmacy will rely upon this information for issuance of my license to be a pharmacist in charge 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.

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.

Printed Name of Pharmacist in Charge	
Signature of Pharmacist in Charge	Date