Policy on Reinstatement of a Pharmacist License

The members of the Board have set a general policy which is listed below, however each case is considered individually. The Board desires that everyone be aware of this procedure which is now in place.

- Out of practice up to two years – obtain 15 hours of continuing education for each year out of practice, 8 of which must be contact and take the Multistate Pharmacy Jurisprudence Exam;
- Out of practice up to five years – obtain 500 hours of internship, obtain 15 hours of continuing education for each year out of practice, 8 of which must be contact, and pass the Multistate Jurisprudence Exam;
- Out of practice more than five years – obtain 1500 hours experience and pass the NAPLEX and the Multistate Jurisprudence Exam (MPJE).

If any criminal charges are outstanding or may be filed such issues must be resolved prior to reinstatement by the Board.

Reinstatement Policy [in addition to current policy in place with requirements]

In the case where a candidate for reinstatement who has a license in another state and has been in active practice in that state, that candidate may have his license reinstated in North Carolina by completing the reinstatement form and paying the required fee. No additional procedures are necessary.

Rev 04/08

FEE: $270.00
(Non-refundable)

Pay by Visa, MasterCard, Discover, or American Express only. No checks accepted.

Fed ID # 56-6000725

North Carolina Board of Pharmacy

6015 Farrington Road, Suite 201
Chapel Hill, North Carolina 27517
Phone: (919) 246-1050
Fax: (919) 246-1056
http://www.ncbop.org

Print Form

Reset Form

APPLICATION TO REINSTATE A PHARMACIST LICENSE

Reinstatement & Renewal Total Fee = $270.00

First Name: _____ Middle Name: _____ Last Name: _____

Email Address: _____ Home Phone Number: _____

Home Address (street): _____

City: _____ State: _____ Zip: _____

Pharmacist NC License Number: _____ Date of Licensure: _____

1. In what occupation have you been employed since your license lapsed? _____

   What was the nature of your work? _____

2. Do you anticipate employment as a pharmacist in North Carolina within the next 6 months? _____

   If so, with whom? _____

3. Are you licensed in another state as a pharmacist? _____ If yes, what State? _____

4. Is your pharmacist license in all jurisdictions where licensed current and unrestricted? _____ If "no", attach explanation.

5. Have you been charged with a violation of any law or are any charges now pending? _____ If "yes", attach explanation.

6. Since you last held a North Carolina license to practice pharmacy, have you been charged or disciplined by any licensing or permitting authority, federal or state? Discipline includes, but is not limited to, any letter of warning, reprimand, license suspension or revocation, permit suspension or revocation, or registration suspension or revocation. _____

   If yes, please provide the Board with appropriate documentation, including but not limited to the charging document and any disposition of the charge.

7. Do you use any alcoholic beverages or controlled substances? _____ If "yes", attach explanation.

8. Would you be willing to consider volunteering your services if there is a public health emergency in NC? If you respond "Yes," the Board will provide your mailing address, email address and phone number to the NC Public Health Preparedness & Response Agency, which coordinates training and volunteer opportunities? _____

A pharmacist who wishes to reinstate his/her license must obtain a total of 15 continuing education hours for each year since the lapse or suspension/revocation of license. **Attach copies of continuing education certificates to this application.**

Under North Carolina Law, making "false representations or with[holding] material information in connection with securing a license or permit" is grounds for "refus[ing] to grant . . . a license to practice pharmacy." N.C.G.S. § 90-85.38(a)(1). Any license or permit obtained through false representation or withholding of material information shall be void and of no effect. N.C.G.S. § 90-85.38(c).

Applicant Signature: _____

Subscribed and sworn before me this the _____ day of _____, 20 _____

_____

Notary Public & Seal My Commission Expires

AREA BELOW FOR OFFICE USE ONLY					
License Number	Date License Lapsed	Total CE Hours Submitted	MPJE Score	Approved	Date Reinstated

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AUTHORIZATION FOR CREDIT CARD CHARGE

THE NC BOARD OF PHARMACY ONLY ACCEPTS PAYMENT VIA VISA, MASTERCARD, DISCOVER, OR AMERICAN EXPRESS.
NO CHECKS OR CASH ACCEPTED.

FEE FOR REINSTATEMENT IS $270.00 (INCLUDES RENEWAL FEE).
YOUR CREDIT CARD WILL BE CHARGED WHEN THIS FORM IS RECEIVED IN THE BOARD OFFICE.
ALL FEES ARE NON-REFUNDABLE.

☐ VISA ☐ MasterCard ☐ DISCOVER

CREDIT CARD NUMBER *(VISA, MC, or DISCOVER)*: _____ _____ _____ _____

☐ AMERICAN EXPRESS

CREDIT CARD NUMBER *(AMERICAN EXPRESS)*: _____ _____ _____

EXPIRATION DATE *(mm / yyyy)*: ____ / ____

NAME *(exactly as it appears on the credit card)*: _____

BILLING ADDRESS: _____

ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER *(will only be used in case of card processing problems)*: _____

EMAIL ADDRESS: _____

NC PHARMACIST LICENSE NUMBER: _____

SIGNATURE: _____

THIS FORM WILL BE DESTROYED IMMEDIATELY FOLLOWING PROCESSING OF PAYMENT.