

## STEP-BY-STEP INSTRUCTIONS FOR FILING A CPP APPLICATION

### Step 1

Log in to your profile on the [Board's Licensure Gateway](#)

Once logged in, click on CPP Application:



### Step 2

Complete the personal qualifications portions of the CPP application.

**Note:** Guidance concerning qualifying experience and certificate programs is found in the [CPP Licensing FAQs](#)

#### (a) Application Start

**NOTICE:** All fees are due at application submission and are **NON-REFUNDABLE**. The fee for this application is **\$100.00**.

**WARNING:** 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).

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(b) Applicant Demographics

The information requested below is for research purposes and will be kept confidential.

**\*Sex:**

**\*Ethnic Background:**

**Language Abilities:**

- American Sign Language
- Chinese
- French
- German
- Korean
- Polish
- Russian
- Spanish
- Tagalog/Filipino
- Vietnamese

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### (c) Applicant Education

To become a CPP, as defined in 21 NCAC 46.3101, you must be a licensed pharmacist and have an agreement with a physician, as defined in 21 NCAC 46.3101 (6). In addition, you must have either: (1) have completed a Board of Pharmaceutical Specialties (BPS) Certification or Geriatric Certification, or the American Society of Health-Systems Pharmacists (ASHP) accredited residency program and have 2 years clinical experience **OR** (2) you must have earned a PharmD degree, have 3 years experience, and have completed a Certificate Program **OR** (3) you must have earned a BS degree, have 5 years experience, and have completed two certificate programs.

Program in United States   Foreign Program

**\* Name & Location of College of Pharmacy Attend:**

**Period of Attendance:**   Start   End

**\* Graduation Date:**  

**Degree:**  

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### (d) Licensure History

Select the green “Add License Record” button. Provide information for all pharmacist licenses held.

List all states where you are licensed either by Reciprocity or Examination and your license number. You must list all active and inactive states.

Other State Registered Pharmacist Licenses   **+ Add License Record**

Previous   Cancel / Exit   Next

(e) Specialty Certification:

Please list any BPS or Geriatric Certifications you hold.

BPS or Geriatric Certification

+ Add Specialty Certification

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(f) ASHP Residency

Please enter your past ASHP Residency experience.

ASHP Residency

+ Add Residency

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(g) Certificate Programs

The Certificate Program completed must be an American Council on Pharmaceutical Education (ACPE) approved certificate program in the area of practice covered by the CPP agreement. If no ACPE Practice Certificate Program exists, an alternate certificate program may be deemed appropriate. Two Certificate Programs are required for BS degree recipients, and one is required for PharmD recipients.

Certificate Programs

+ Add Certificate

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(h) Work Experience

Note: For purposes of CPP eligibility, APPE acquired during the final year of the Pharm.D. curriculum counts as one year of clinical experience.

Five years of clinical experience is required for BS degree recipients, and 3 years is required for PharmD recipients. Different locations should be listed separately below.

Work Experience

+ Add Work Experience

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**Step 3**

(a) Add All CPP Practices Sites

Please add all practice sites. For each site, add the supervising physician . A supervising physician may supervise multiple sites.

All practice sites must be physically located in North Carolina. All supervising physicians must be licensed in, and residents of, North Carolina.

To add a Practice Site click the **Add Site** button below.

Once you add a practice site, you can add a Supervising Physician by clicking the **gold Physician icon**  on the appropriate Practice Site.

To remove a Supervising Physician, click on the Physician Name then click the **Delete** button.

Practice Sites

+ Add Site

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(b) Add **One** Supervising Physician Per CPP Practice Site

Notes:

1. A CPP may have multiple supervising physicians and must include all supervising physician(s) in the practice agreement. But for purposes of the application, the CPP and Supervising Physician(s) should agree on one supervising physician to be listed per practice site. A Supervising Physician may supervise multiple sites.
2. Nurse Practitioners (NPs) and Physician Assistants (PAs) supervised by the Supervising Physician may be added to a collaborative practice agreement, but they are not to be listed here. The CPP and Supervising Physician(s) are responsible for keeping a current roster of participating NPs and PAs in the collaborative practice agreement itself.

Please add all practice sites. For each site, add the supervising physician . A supervising physician may supervise multiple sites.

All practice sites must be physically located in North Carolina. All supervising physicians must be licensed in, and residents of, North Carolina.




To add a Practice Site click the **Add Site** button below.  
Once you add a practice site, you can add a Supervising Physician by clicking the **gold Physician icon** on the appropriate Practice Site.  
To remove a Supervising Physician, click on the Physician Name then click the **Delete** button.

Practice Sites

+ Add Site

Test Site

Phone: 919-919-9119 Email: test@test.com  
555 Street  
Chapel Hill, NC 27516  
Description: CPP scope of practice info  
Supervising Physician: None



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#### **Step 4**

Attest to having entered a collaborative practice agreement with your supervising physician(s).

Note: You will not upload the collaborative practice agreement itself. See [this guidance](#) for information on maintaining your practice agreement at your site(s) of practice.

\* I attest that I have entered into a collaborative practice agreement signed by the supervising physician(s) for each practice site(s). This agreement shall be maintained at each practice site for inspection by agents of the Pharmacy or Medical Boards upon request.

☐ I attest

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## Step 5

### Disclose any disciplinary history.

- \* Have you ever been convicted of a misdemeanor/felony (other than minor traffic violation) or do you have any charges pending whatsoever? Charges or convictions of DWI's should be reported. ☐ Yes ☐ No
- \* Have you ever had, or do you now have any pending actions against a pharmacist license issued to you by another state? This includes consent order or agreement, revocation, suspension, restriction, probation, reprimand, censure, participation in an alternative chemical dependency program in lieu of disciplinary action, or any other disciplinary proceedings? ☐ Yes ☐ No
- \* Have you ever had action involving you taken by any other governmental agency or professional licensing board? ☐ Yes ☐ No
- \* Have you ever voluntarily or otherwise surrendered any license? ☐ Yes ☐ No
- \* Have you been told you are impaired as a result of your use of alcohol or other substances within the past five (5) years? ☐ Yes ☐ No
- \* Are you aware of any reports made about you to the National Practitioner's Data Bank or the Healthcare Integrity and Protection Data Bank (HIPDB)? ☐ Yes ☐ No
- \* Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended, been put on probation, or been requested to withdraw from or failed to re-apply for privileges, or been denied staff membership by a licensed hospital, clinic, managed care organization or other health care facility with an organized medical staff, in which you have trained, been a staff member or held hospital privileges? ☐ Yes ☐ No
- \* Have you ever been warned by the Drug Enforcement Administration (U.S. or State), or has any portion of your controlled substance registration certificate voluntarily or otherwise, been limited, denied revoked, suspended or surrendered? If yes, enclose explanation. ☐ Yes ☐ No

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## Step 6

Complete the Employee Misclassification Certification.

**Note:** This certification is required by statute for all applicants for any occupational license, registration, or permit issued by a North Carolina occupational licensing board.

Public Notice Statement - Required by N. C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96- 1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section North Carolina Industrial Commission  
1233 Mail Service Center  
Raleigh, NC 27699-1233  
Telephone: (919) 807-2582  
Fax: (919) 715-0282  
Email: [emp.classification@ic.nc.gov](mailto:emp.classification@ic.nc.gov)

Employee misclassification is **defined** as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N. C. Gen. Stat. § 143-762(5)]

\* I certify that I have read and understand the Public Notice Statement regarding Employee Misclassification provided above.

☐ I Agree

\* Noting the definition of Employee Misclassification, have you ever been investigated for employee misclassification?

☐ Yes ☐ No

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## Step 7

Verify the completeness and accuracy of all information entered.

Note: A CPP application, like any Board application, must be completed and attested by the person actually applying for the credential. Allowing someone else to complete and attest to the application's truthfulness and completeness is a ground for denying an application or for voiding one already granted.

### Terms of Agreement

\* In submitting this application, I, **Test M Test**, attest that the information provided by me in this application is true and correct. I understand that under North Carolina law, NCGS § 90-85.38 (c), "Any license or permit obtained through false representation or withholding of material information shall be void and of no effect." I further understand that any false representation or withholding of information in this application shall result in the Board's taking action against any license/permit/registration granted to **Test M Test** including revocation and voiding of such license/permit/registration.

☐ I Agree

### Fee Attestation

\* All fees are due at application submission. Fees are **NON-REFUNDABLE** and **NON-TRANSFERABLE**. The fees for this application are \$100.00. I, **Test M Test**, understand that the fees for this application are non-refundable and non-transferable.

☐ I Agree

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## Step 8

Upload a completed malpractice release authorization. The form is found by clicking on the blue “Malpractice Release Authorization” link. Once completed and signed, upload as a PDF document by dropping in the indicated upload box.

**Note:** As stated above, do not upload your collaborative practice agreement. See [this guidance](#) for information on maintaining your practice agreement at your site(s) of practice.

**ATTENTION:** Items below are required to be uploaded before your application can be approved. You may submit this application without all items uploaded. You may return to the Gateway and upload any additional items later. Your application will not be reviewed until all necessary items have been uploaded. The max file size allowed is 8MB.

CPP Registration Forms:  
[Malpractice Release Authorization](#)

### Malpractice Release Authorization

The link to the malpractice form is above. Please complete the form and upload it here.

Drop files here or click to upload.

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## Step 9

Proceed to payment and confirmation of application.

Once submitted, please allow 7-10 business days for review of your application. Once the CPP Credential has been issued, an auto-email will be sent to the CPP.