

Vermont Secretary of State  
Office of Professional Regulation  
**Attn: Renewal Clerk**  
National Life Building, North FL 2  
Montpelier VT 05620-3402



**Board of Pharmacy**  
Renewal Clerk  
(802) 828-1505  
[www.vtprofessionals.org](http://www.vtprofessionals.org)

### Pharmacist Renewal Application

<b>Current Expiration</b> 07/31/2011	<b>Renewal Period Covering</b> 08/01/2011 through 07/31/2013	<b>Renewal Application Fee</b> \$100.00 [Non-Refundable Processing Fee] <u>Checks Payable to: Vermont Secretary of State</u>
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**You Must Complete The Information Below:**

License #: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**For Office Use Only**

**Directions:** To renew you must enclose a check in the amount indicated, payable in US funds from a bank with a United States affiliate to "Vermont Secretary of State." **The renewal application fee is non-refundable.** If the completed renewal, along with all supporting documentation, is not received by the expiration date you will be required to pay a late renewal penalty. The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty increases by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00.

**Reminder: You may not practice your licensed profession without an active license.**

<b>Has your name changed since you last renewed, or were originally licensed?</b>	<b>(Circle One)</b>	
<i>If "Yes," you must attach a copy of your marriage license, civil union license or section of divorce decree granting you the authority to change your name.</i>	Yes	No

#### Section A: Demographic Information

<b>If your mailing address has changed,</b> indicate your new address in the box to the right.  <b>Note:</b> It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. §129a(a)(14)).	P.O. Box
	Street/Apt #
	City/State/Zip
	Country

<b>If your 911 address has changed,</b> indicate your new address in the box to the right.	Street/Apt #
	Suite/Department/Floor
	City/State/Zip

Phone: (    )    -	Cell Phone: (    )    -
Fax: (    )    -	E-Mail Address:

<b>Date of Birth (MM/DD/YYYY)</b>	<b>Place of Birth (City, State, Country)</b>	<b>Gender: (Circle One)</b>	
/    /		Male	Female

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**Section B: Vermont Mandatory “Good Standing” Declarations**

**CHILD SUPPORT:**

<b>Child Support Orders 15 V.S.A. §795(c): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	I am not subject to a child support order; OR
<input type="checkbox"/>	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.*

**TAXES:**

<b>Tax Compliance 32 V.S.A. §3113(b): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	I have never lived or worked in Vermont and do not owe Vermont taxes; OR
<input type="checkbox"/>	No taxes are due and payable and all required returns have been filed; OR
<input type="checkbox"/>	The liability for any taxes due and payable is on appeal; OR
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/>	I am not in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

**UNEMPLOYMENT COMPENSATION:**

<b>Unemployment Compensation 21 V.S.A. §1378(b): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	This does not apply to me because I have never been an employer in Vermont; OR
<input type="checkbox"/>	No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.

**DISTRICT COURT FINES / JUDICIAL BUREAU:**

<b>Unpaid Judgments 4 V.S.A. §1110(b and c): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	I do not have any unpaid judgments
<input type="checkbox"/>	I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
<input type="checkbox"/>	I am not in good standing.*

\* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**Section C: Vermont Mandatory Credential and Fitness Questions**

Please circle **Yes** or **No** for each of these questions. If the answer is “**Yes**,” follow the provided instructions. **Since you were originally licensed or since you completed your last renewal application:**

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation?  <i>If “Yes,” you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation?  <i>If “Yes,” you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate, or registration to a licensing authority?  <i>If “Yes,” you must provide a detailed written explanation.</i>	Yes	No
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Are you currently under investigation by a licensing authority?  <i>If “Yes,” you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated and Driving Under the Influence are not “minor traffic violations.”)  <i>If “Yes,” you must provide a detailed written explanation and attach the official court documents.</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)?  <i>If “Yes,” you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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**Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession; within 30 days. 3 V.S.A. §129a(a)(11).**

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety?  <i>If “Yes,” you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety?  <i>If “Yes,” you must provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on alcohol or habit forming drugs?  <i>If “Yes,” you must provide a detailed written explanation.</i>	Yes	No
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Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**Section D: Continuing Education Requirement**

Do not send any supporting documentation with this form. The Office of Professional Regulation reserves the right to verify information submitted by applicants for renewal through a random audit. You must retain all documentation for seven years after completion of the program/course. To assist you in documenting your continuing education, please download the Continuing Education Record from our web site at [www.vtprofessionals.org](http://www.vtprofessionals.org)

**Board of Pharmacy Administrative Rules Part 3**

**3.1 Definitions**

- (a) ACPE: Accreditation Council for Pharmacy Education
- (b) AMA: American Medical Association
- (c) Live Programs (didactic sessions): Covers all programs that provide for direct interaction between faculty and participants and may include lectures, symposia, live teleconferences, and workshops.

**3.2 Continuing Pharmacy Education (CPE) Requirements**

The licensee must complete a total of 30 CPE hours per renewal period. A minimum of ten hours shall be obtained during participation in live programs (didactic sessions). Continuing pharmacy education participation must be reported every two-year renewal period. For newly-licensed pharmacists, see Rule 3.11 below.

**3.11 Newly Licensed Pharmacists**

For applicants granted an initial license to practice by the Board, accumulation of CPE's shall commence on the opening date of the first biennial renewal period following receiving initial Vermont licensure.

<b>Was your <b>Pharmacist</b> license first issued in Vermont on or after August 1, 2009?</b>  (If "Yes," you are not required to complete any continuing education for this renewal)	Yes	No
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<b>Have you completed 30 hours of continuing pharmacy education (CPE)</b> [10 hours of which must be live (didactic) sessions] <b>that meets the requirements?</b>	Yes	No
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**Section F: Affirmation**

**Statement of Applicant**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for renewal or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. 13 V.S.A. § 2901

Signature of Applicant	Date

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Office of Professional Regulation  
**Board of Pharmacy**  
National Life Building, North, Floor 2  
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**Vermont Office of Professional Regulation Survey (optional)**  
**2011 Renewal**

<b>1. Would you be willing to serve as a Board/Advisor member of the Board/Commission/Advisory panel for your profession?</b>  If you answer "Yes," submit a letter of intent and resume to the Office for consideration.	<b>Yes</b>	<b>No</b>
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<b>2. Would you be willing to serve as an Ad Hoc member of the Board/Commission/Advisory panel for your profession?</b>  If you answer "Yes," submit a letter of intent and resume to the Office for consideration.	<b>Yes</b>	<b>No</b>
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<b>3. Would you be willing to serve as an Expert Witness for a licensing case(s) associated with your profession?</b>	<b>Yes</b>	<b>No</b>
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<b>If you answered "Yes" to the question above, what is your area of expertise?</b>

Name: \_\_\_\_\_

License Number: \_\_\_\_\_