

<p>Vermont Secretary of State Attn: Renewal Clerk Office of Professional Regulation National Life Building, North FL 2 Montpelier VT 05620-3402</p>		<p>Board of Pharmacy Renewal Clerk (802) 828-1505 www.vtprofessionals.org</p>
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In-State Pharmacy Renewal Application

Profession (Please check the license type to renew)	
Institutional Pharmacy (037)	Retail Pharmacy (038)
Community Based Long Term Care Pharmacy (140)	Compounding Pharmacy (038-CMPD)
Institutional Long Term Care Pharmacy (141)	Home Infusion Pharmacy (038-HMIF)
Nuclear/Radiologic Pharmacy (142)	Remote Pharmacy Pilot Project (038-RPPP)

Current Expiration 07/31/2011	Renewal Period Covering 08/01/2011 through 07/31/2013	Renewal Application Fee \$300.00 [Non-Refundable Processing Fee] <u>Checks Payable to:</u> Vermont Secretary of State
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<u>You Must Complete The Information Below:</u>	For Office Use Only
License #: _____	
Name: _____	
Address _____	
City/State/ZIP: _____	
Country: _____	

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.

Section A: Demographic Information

If your mailing address has changed, indicate your new address in the box to the right. Note: 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)).	Attention
	P.O. Box
	Street/Apt #
	City/State/Zip
	Country

If your 911 (physical) address has changed, 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:

FEIN Number: _____ ** (Providing your Federal ID number (FEIN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your FEIN is not disclosed as part of a public records request);

Section B: Vermont Mandatory “Good Standing” Declarations

The following questions apply to the entity and/or the individual completing and signing this form

CHILD SUPPORT:

Child Support Orders (15 V.S.A. §795(c)): As of the date of this application (you must check one)	
<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:

Tax Compliance (32 V.S.A. §3113(b)): As of the date of this application (you must check one)	
<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:

Unemployment Compensation (21 V.S.A. §1378(b)): As of the date of this application (you must check one)	
<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:

Unpaid Judgments (4 V.S.A. §1110(b and c)): As of the date of this application (you must check one)	
<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.

Section C: Vermont Mandatory Credential and Fitness Questions

The following questions apply to the entity and/or the individual completing and signing this form

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 for a license, certificate, or registration by this applicant to conduct a business or perform professional services? <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 held by this applicant to conduct business or perform professional services? <i>If “Yes,” you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Has the entity for which this application is submitted 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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Is the entity for which this application is submitted 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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Has the entity for which this application is submitted ever been convicted of a crime? (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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Does the entity for which this application is submitted have any criminal charges pending against it 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#: _____

Section D: Ownership

<p>Since this Pharmacy (Organization) was originally licensed –OR– since it completed its last renewal application –OR– since your most recent update submitted to the office (whichever is later) has there been a <u>change in ownership</u>?</p> <p>If “Yes,” you can NOT renew. You must complete a change in ownership application (www.vtprofessionals.org – under Select a Profession click Pharmacy, click In-State Pharmacies under Forms and Applications and click on Change in Ownership application). Attach completed forms with renewal application to reduce a delay in processing.</p>	Yes	No
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Section E: Officers and Directors

<p>Since this Pharmacy (Organization) was originally licensed –OR– since it completed its last renewal application –OR– since your most recent update submitted to the office (whichever is later) has there been a <u>change in officers or directors</u>?</p> <p>If “Yes,” all new officers and/or directors must submit required notification and documentation to the office (www.vtprofessionals.org – under Select a Profession click Pharmacy, click In-State Pharmacies under Forms and Applications, and click on Instructions for Change in Information). Attach completed forms with renewal application to reduce a delay in processing.</p>	Yes	No
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Name: _____

License#: _____

Section F: Supervision

<p>Since this Pharmacy (Organization) was originally licensed –OR– since it completed its last renewal application –OR– since your most recent update submitted to the office (whichever is later) has there been a <u>change in Pharmacist Manager</u>?</p> <p>if “Yes,” the contact person must submit required notification and documentation to the office (www.vtprofessionals.org – under Select a Profession click Pharmacy, click In-State Pharmacies under Forms and Applications, and click on Change in Pharmacist Manager). Attach completed forms with renewal application to reduce a delay in processing.</p>	Yes	No
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Name of Pharmacist Manager	VT Pharmacist License Number
	_____ -- _____

Section G: Affirmation

Statement of Applicant

<p>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)</p>		
Signature of Applicant		Date
Print the name of the person completing & signing this application	<u>First Name</u>	<u>Last Name</u>

Name: _____

License#: _____