
Rules of
Department of Economic
Development
Division 220—State Board of Pharmacy
Chapter 2—General Rules

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT
Division 220—State Board of Pharmacy
Chapter 2—General Rules**

4 CSR 220-2.010 Pharmacy Standards of Operation

PURPOSE: This rule defines terms used in the regulations of the State Board of Pharmacy and outlines the conditions necessary for the operation of a pharmacy.

(1) The word medicine or medicines is a word similar or of like import to the words pharmacist, pharmacy, apothecary shop, chemist shop, drug store, druggist and drugs, and no person shall carry on, conduct or transact a business under a name which contains, as part of the name, the word medicine or medicines, unless the place of business is supervised by a licensed pharmacist.

(A) At all times when physicians' prescriptions are compounded in a pharmacy or other establishments holding a Missouri pharmacy permit, there shall be on duty and present in that place of business a pharmacist licensed in Missouri as provided by law. When there is no pharmacist on duty, no prescription will be compounded, dispensed or otherwise provided and the public will be advised that no pharmacist is on duty by means of signs stating this fact. The signs will be displayed prominently on the doors of all entrances and the prescription counter of the pharmacy and the signs will be composed of letters of a minimum height of two inches (2").

(B) Whenever, in a pharmacy or other establishment holding a Missouri pharmacy permit, a person other than a licensed pharmacist does compound, dispense or in any way provide any drug, medicine or poison pursuant to a lawful prescription, a licensed pharmacist must be physically present within the confines of the dispensing area, able to render immediate assistance and able to determine and correct any errors in the compounding, preparation or labeling of that drug, medicine or poison before the drug, medicine or poison is dispensed or sold. The pharmacist personally shall inspect and verify the accuracy of the contents of, and the label after it is affixed to, any prescribed drug medicine or poison compounded or dispensed by a person other than a licensed pharmacist.

(C) No pharmacy shall be licensed under the provisions of this chapter unless it is equipped with proper pharmaceutical equipment and reference manuals. Requirements for proper equipment and references may vary between pharmacies and must insure

accuracy and safety of all pharmaceutical activity.

1. Basic equipment recognized by the latest edition of the *United States Pharmacopoeia* (USP), the *United States Pharmacopoeia/Drug Information* (USP/DI) or *Remington's Pharmaceutical Sciences* shall be available for any procedures utilized in the dispensing, compounding or admixture of drugs and drug-related devices, and must maintain conformance with these publications.

2. A suitable machine or electronic data device for the numbering of all prescriptions must be maintained along with appropriate printing equipment for the production of prescription drug labels.

(D) Reference manuals may include any generally recognized pharmaceutical publication other than periodicals or journals. A pharmacy must maintain, at a minimum, the current or latest edition of a reference manual(s) which includes all Federal Drug Administration (FDA)-approved drugs. The following topics must be included in the reference(s) selected:

1. Pharmacology of drugs;
2. Dosages and clinical effects of drugs; and
3. Patient information.

(E) Pharmacies shall maintain at least one (1) current edition of statutes and rules governing the pharmacy's practice.

(F) All pharmacies shall be maintained in a clean and sanitary condition at all times. Any procedures used in the dispensing, compounding and admixture of drugs or drug-related devices must be completed under clean and, when recommended, aseptic conditions.

1. Appropriate sewage disposal and a hot and cold water supply within the pharmacy must be available.

2. Appropriate housekeeping and sanitation of all areas where drugs are stored or dispensed must be maintained.

(G) Adequate refrigeration must be available to insure enough storage space for drugs requiring refrigeration or freezing and under temperatures adequate to maintain the drug products as recommended by the manufacturer, the latest edition of the USP, or both. Drugs and drug-related devices must be stored separately from food and other items.

(H) Pharmacies must maintain adequate security in order to deter theft of drugs by personnel or the public. Sufficient alarm systems or locking mechanisms must be in place if the pharmacy is located in a facility into which the public has access and the pharmacy's hours of operation are different from those of the remainder of the facility.

(I) Pharmacies which maintain storage sites or warehouse facilities for the storage of pharmaceuticals at a separate address or premises from the main pharmacy that holds a pharmacy permit shall register those sites as storage facilities of the licensed pharmacy. Information required for proper registration of a storage facility shall include the address of the facility, hours of operation (if applicable), pharmacy permit numbers of the pharmacies that it services and a certified statement that the facility is used for the sole purpose of distributing drugs only within its own pharmacy operations.

1. Records must be maintained at these facilities to guarantee security, storage and accountability of all drugs and drug-related devices under proper conditions.

2. All storage and warehouse locations will be considered facilities of a pharmacy as defined in section 338.240(2), RSMo and shall be subject to inspection by the board as defined in section 338.150, RSMo.

3. No fee will be charged by the board for registering a facility as defined in subsection (1)(I) of this rule.

(J) All pharmacists will be required to have a photo of themselves not smaller than two inches by two inches (2" × 2") in the upper right-hand corner of the current renewal licenses. This photo and license renewal shall be conspicuously exposed in the pharmacy or drug store or place of business in which the pharmacist is employed as required by law.

(K) Pharmacists regularly working as relief persons for more than one (1) store shall have in their possession proper identification of their pharmacy licensure.

(L) Pharmacy operations must be conducted at all times under the supervision of a properly designated pharmacist-in-charge. When a licensed pharmacist leaves the employment of a pharmacy where s/he has been pharmacist-in-charge, s/he immediately shall notify the executive director of the board of the termination of his/her services in the pharmacy. Likewise, the holder of the permit shall notify the executive director of the board of the termination of the services and give the name of the new licensed pharmacist-in-charge.

(M) Pharmacists are responsible to inform the executive director of the board in the case of changed address. Any mail or communications returned to the executive director's office marked Unknown, Incorrect Address, and the like, will not be sent out a second time until the correct address is sent in.

(N) When a pharmacy permit holder knows or should have known, within the usual and customary standards of conduct governing the operation of a pharmacy as

defined in Chapter 338, RSMo, that an employee, licensed or unlicensed, has violated the pharmacy laws or rules, the permit holder shall be subject to discipline under Chapter 338, RSMo.

(O) Pharmacists must inform the executive director of the board of any change in their employment address. The notification of an employment change must be provided in writing to the board no later than fifteen (15) days following any effective change.

(2) Every pharmacy shall designate as its primary means of record keeping either a manual system which provides for the consecutive numbering of hard copy prescriptions and complies with the provisions of section (3) of this rule or an electronic system which complies with the provisions of 4 CSR 220-2.080. The designated record system shall be used to record the pharmacy's dispensing of all drugs, medicines and poisons.

(3) A pharmacy using a record keeping system other than an electronic system meeting the requirements of 4 CSR 220-2.080 to record its dispensing of drugs, medicines and poisons shall provide a method of recording all of the following information concerning the refill of any prescription medication on the back or reverse side of every prescription order:

- (A) The date the drug, medicine or poison was dispensed;
- (B) The dispensing pharmacist's initials; and
- (C) The amount of drug, medicine or poison dispensed to the patient if different from the amount on the face of the prescription order.

(4) Each licensed pharmacy shall maintain at least three (3) separate files of prescriptions and they shall be as follows:

- (A) All prescriptions for controlled drugs listed in Schedules I and II shall be maintained in a separate prescription file;
- (B) All prescriptions for controlled drugs listed in Schedules III, IV and V shall be maintained in a separate prescription file; and
- (C) All other prescriptions for noncontrolled drugs shall be maintained in a separate prescription file(s).

(5) Pharmacies that distribute legend drugs separate from prescription services and the distributions fall below the threshold established for licensure as a drug distributor shall establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs. Said records shall be maintained for two (2) years.

(6) Drugs and devices that are maintained as part of the pharmacy inventory or are being processed for dispensing or other distribution purposes must be physically separated at all times from articles, supplies or other drugs that are for employee personal use or that are outdated, distressed, misbranded or adulterated. An area separate from drug storage must be used to store quarantined, nonusable substances. Areas used for this type of drug storage must be clearly identified. Any prescription drugs that are present in a licensed pharmacy but are for the personal use of pharmacy personnel must be labeled in accordance with section 338.059, RSMo.

(7) Except as provided for in section 21 U.S.C. section 353(d)(1)(A)-(C), (d)(2)(A)(i)-(ii), (B)(i)-(iv) and (d)(3)(A)(i)-(ii) of the Federal Food, Drug and Cosmetic Act, drug samples shall not be maintained in pharmacies.

(8) A home health care or hospice nurse who carries, as a part of a physician's protocol, an emergency kit containing heparin for injection, normal saline for injection, diphenhydramine for injection, epinephrine for injection, and immunizations for influenza, pneumonia and TB testing, does not need to obtain licensure as a pharmacist or a pharmacy.

(A) Drugs stored in a kit and carried by the nurse during the course of his/her normal work shift, shall be stored or transported at all times in accordance with manufacturer standards. Refrigerator units used for storing drugs must not be used for storing non-drug related items.

(B) The amount of drugs for use in a kit shall be limited to initial dosage amounts and does not include the stockpiling of a supply of drugs at the home health or hospice facility.

AUTHORITY: sections 338.010, 338.240 and 338.280, RSMo 1994 and 338.140, RSMo Supp. 1999. Original rule filed July 18, 1962, effective July 28, 1962. Amended: Filed Nov. 9, 1966, effective Nov. 19, 1966. Amended: Filed Oct. 27, 1970, effective Nov. 6, 1970. Amended: Filed Dec. 31, 1975, effective Jan. 10, 1976. Amended: Filed May 21, 1979, effective Nov. 12, 1979. Amended: Filed April 14, 1982, effective July 11, 1982. Amended: Filed April 16, 1985, effective Sept. 27, 1985. Amended: Filed Nov. 4, 1985, effective March 13, 1986. Amended: Filed Dec. 15, 1987, effective April 28, 1988. Amended: Filed Oct. 12, 1988, effective March 11, 1989. Amended: Filed Jan. 30, 1991, effective July 8, 1991. Amended: Filed Jan. 27, 1995, effective Sept. 30, 1995.*

Amended: Filed June 29, 1999, effective Jan. 30, 2000. Amended: Filed March 15, 2000, effective Sept. 30, 2000.

**Original authority: 338.010, RSMo 1939, amended 1951, 1989, 1990; 338.140, RSMo 1939, amended 1981, 1989, 1997; 338.240, RSMo, 1951; 338.280, RSMo 1951, amended 1971, 1981.*

Op. Atty. Gen. No. 1, Allen (12-8-61). *Rule promulgated by board requiring the presence of registered pharmacist at all times that a drug store is open for business is invalid as unreasonable enlargement of statutory requirement that presence of pharmacist is necessary only when prescriptions are compounded or sold.*

Op. Atty. Gen. No. 90, Tracy (8-7-61). *Missouri Board of Pharmacy may not pass a regulation prohibiting the truthful advertising of prescription drugs in pharmacies.*

Op. Atty. Gen. No. 70, Missouri State Board of Pharmacy (10-6-52). *Proprietor of wholesale drug business must be licensed pharmacist or have at least one in his/her employ.*

4 CSR 220-2.015 Termination of Business as a Pharmacy

PURPOSE: This rule establishes guidelines for the termination of business as a pharmacy.

(1) A licensed pharmacy who plans to terminate business activities shall file a written notice with the State Board of Pharmacy. The written notice shall be submitted to the State Board of Pharmacy in person or by registered or certified mail within fifteen (15) days after the date of termination. This notice shall be made on a form provided by the board or in letter form from the licensee and shall include the following information:

- (A) The name, address, license (permit) number and effective date of closing;
- (B) The name, address, and license (permit) number of the entity to which any of the stock/inventory will be transferred;
- (C) The name and address of the location to which records, required to be maintained by law, have been transferred.

1. Any records that are transferred to an unlicensed location must be retrievable for board review within seven (7) working days of a request made by an authorized official of the board.

2. Any records that are transferred to a licensed (permitted) pharmacy or licensed drug distributor must be maintained in accordance with record requirements as set forth in section 338.100, RSMo.

(2) The licensee (permit holder) terminating business may transfer all drugs and records in accordance with the following:

(A) On the date of termination, a complete inventory of all controlled substances being transferred or disposed of shall be completed according to state and federal laws. This inventory shall serve as the final inventory of the pharmacy terminating business and as the initial inventory of the licensed entity to which the controlled substances are being transferred. A copy of the inventory shall be included in the records of each licensee or permit holder involved in the transfer.

(B) A pharmacy terminating business shall not transfer misbranded, outdated or adulterated drugs, except for purposes of proper disposal; and

(C) Upon the actual termination of business, the license (permit) of the pharmacy shall be returned to the State Board of Pharmacy for cancellation either in person or by registered or certified mail.

(3) A one (1)-time transfer of drugs and devices due to a termination of business that is in compliance with this rule will not require a pharmacy to seek licensure as a drug distributor under sections 338.330 and 338.333, RSMo.

(4) The requirements of this rule are not intended to replace or be in conflict with any other laws or regulations governing the appropriate licensure, change of ownership or change of location of a pharmacy.

(5) The termination date is the date on which the permit holder ceases to practice pharmacy as defined in sections 338.010 and 338.210, RSMo, at the permitted location.

AUTHORITY: sections 338.210 and 338.280, RSMo 1994. Original rule filed May 4, 1995, effective Dec. 30, 1995.*

**Original authority: 338.210, RSMo 1951 and 338.280, RSMo 1951, amended 1971, 1981.*

4 CSR 220-2.016 Pharmacy Operating Procedures During Declared Disasters

PURPOSE: This rule is to establish guidelines for the operation and temporary relocation of a pharmacy during a declared disaster.

(1) Declared disaster areas are defined as specified geographical counties within the state that have been designated by the governor or federal authorities as counties that have been adversely affected by a natural or

man-made disaster and requires extraordinary measures to provide adequate, safe and effective health care for the affected population.

(2) In cases where a disaster as defined in section (1) has been declared, any pharmacy located within the disaster area may arrange to move to a temporary location to better serve the public or provide pharmacy services from a mobile unit that is under the control and management of the pharmacist-in-charge.

(A) The following constitutes requirements for maintaining temporary or mobile facilities:

1. Temporary or mobile pharmacy facilities shall only be located within the disaster area or adjacent county;

2. Temporary facilities may be maintained by a pharmacy operation for a period of up to six (6) months without applying for a change of location. Any pharmacy wishing to maintain a temporary site for more than six (6) months or desires to remain permanently at the temporary site, must apply for a change of location as outlined in 4 CSR 220-2.020(4);

3. Mobile pharmacy operations must cease services once the immediate disaster is over;

4. Temporary or mobile pharmacy facilities must inform the board of their location and provide an estimate of the time period for which the temporary or mobile pharmacy operation will be needed; and

5. The executive director shall have the authority to approve or disapprove temporary or mobile pharmacy facilities and shall make arrangements for appropriate monitoring and inspection of the pharmacy on a case by case basis.

A. Approval of this type of operation will be based on the need, type and scope of disaster, as well as the ability of the pharmacy to comply with state and federal drug laws in addition to section 338.240, RSMo.

B. Temporary or mobile pharmacy facilities shall cease operations under the provisions of this rule if any previous approval is withdrawn.

C. Any decision made concerning the approval of a temporary or mobile pharmacy shall not interfere with any rights or privileges of a pharmacy permit holder at the original location of operation or prevent a permit holder from applying for a change of location as outlined in 4 CSR 220-2.020(4).

AUTHORITY: sections 338.210 and 338.280, RSMo 1994. Original rule filed May 4, 1995, effective Dec. 30, 1995.*

**Original authority: 338.210, RSMo 1951 and 338.280, RSMo 1951, amended 1971, 1981.*

4 CSR 220-2.018 Prescription Requirements

PURPOSE: This rule establishes requirements for information required on prescriptions.

(1) In order for a prescription to be valid for purposes of dispensing a medication by a pharmacy, it must conform to all requirements as outlined in sections 338.056 or 338.196, RSMo, and contain the following information:

(A) The prescription date and assigned prescription number;

(B) The name of the patient(s);

(C) The prescriber's name, if an oral prescription, signature if a written prescription;

(D) Any prescriber indication of name and dosage of drug, directions for use, name and dosage of drug dispensed;

(E) The number of refills, when applicable;

(F) The quantity dispensed in weight, volume or number of units;

(G) The initials or name of the pharmacist responsible for processes in dispensing or compounding of the prescription;

(H) Any change or alteration made to the prescription dispensed based on contact with the prescriber to show a clear audit trail. This shall include, but is not limited to, a change in quantity, directions, number of refills or authority to substitute a drug;

(I) The address of the prescriber and the patient when the prescription is for a controlled substance;

(J) The prescriber's Drug Enforcement Administration (DEA) number when the prescription is for a controlled substance; and

(K) Any prescription, when it is for a controlled substance, must comply with all requirements of federal and state controlled substance laws.

(2) The information specified in section (1) shall be required and recorded on all handwritten, telephone, oral and electronically produced prescriptions that are processed for dispensing by a pharmacist/pharmacy.

AUTHORITY: sections 338.095, 338.240 and 338.280, RSMo 1994 and 338.100 and 338.140, RSMo Supp. 1999. Original rule filed May 4, 1995, effective Dec. 30, 1995. Amended: Filed March 15, 2000, effective Sept. 30, 2000.*

**Original authority: 338.095, RSMo 1939; 338.100, RSMo 1939, amended 1971, 1990; 338.140, RSMo 1939; amended 1981, 1989, 1997; 338.240, RSMo 1951; and 338.280, RSMo 1951, amended 1971, 1981.*

4 CSR 220-2.020 Pharmacy Permits

PURPOSE: This rule outlines the requirements for obtaining and maintaining a pharmacy permit.

(1) The fiscal year of the board shall be as provided by law. All permits for the operation of a pharmacy shall expire on the date specified by the director of the Division of Professional Registration by appropriate rule.

(2) A pharmacy permit may be issued on the application of the owners. If the owner is a corporation or partnership, an officer of the corporation or a partner must sign the application as the applicant. In the case where a pharmacy is owned and operated by a person(s) who is a licensed pharmacist and in active charge of the pharmacy, the application for permit can be made by either party.

(A) An application for a pharmacy permit will become null and void if the applicant fails to complete the process for licensure within six (6) months of receipt of the application by the board.

(3) When a pharmacy changes ownership, the original permit becomes void on the effective date of the change of ownership. Before any new business entity resulting from the change opens a pharmacy for business, it must obtain a new permit from the board. However, a grace period of thirty (30) days will be allowed after the change of ownership.

(A) A change of ownership of a pharmacy owned by a sole proprietor is deemed to have occurred when—

1. The business is sold and the sale becomes final;

2. The proprietor enters into a partnership with another individual or business entity; or

3. The proprietor dies; provided, however, that the proprietor's estate may continue to operate the pharmacy under the licensed pharmacist in good standing in this state, but in no case for a period of more than one (1) year and only so long as appropriate pharmacy permit fees are paid.

(B) A corporation is considered by law to be a separate person. If a corporation owns a pharmacy, it is not necessary to obtain a new license if the owners of the stock change. However, as a separate person, if the corporation begins ownership of a pharmacy or ceases ownership of that pharmacy, a new license must be obtained regardless of the relationship of the previous or subsequent owner to the corporation. It is not necessary to obtain a new license when ownership of the stock in the corporation changes. It is necessary to file written notice with the State

Board of Pharmacy within ten (10) days after that change occurs. This notification must be in writing and certified.

(C) All individuals or business entities owning twenty-five percent (25%) or more of the ownership of any entity owning a pharmacy must notify the board within thirty (30) days of acquiring the percentage.

(4) If an individual or business entity operating a pharmacy changes the location of the pharmacy to a new facility (structure), the pharmacy shall not open for business at the new location until the board or its duly authorized agent has inspected the premises of the new location and approved it and the pharmacy as being in compliance with section 338.240, RSMo and all other provisions of the law. Upon the approval and receipt of a change of location fee, the board shall issue a permit authorizing operation of a pharmacy at the new location and the permit shall bear the same number as the previous pharmacy permit. However, the permit remains valid if the pharmacy address changes, but not the location and an amended permit will be issued without charge under these circumstances.

(A) Remodeling of a licensed pharmacy within an existing structure shall be deemed to have occurred when any change in the storage conditions of the Schedule II controlled substances is made or new connections to water/sewer resources are made or any changes in the overall physical security of drugs stored in the pharmacy as defined in 4 CSR 220-2.010(1)(H) are made. Remodeling as defined within this section will not require the initiation of any change of location procedures. Satisfactory evidence of plans for any remodeling of a pharmacy must be provided to the board office thirty (30) days in advance of commencing such changes along with an affidavit showing any changes to the pharmacy physical plant and the projected completion date for any remodeling.

(5) Permits, when issued, will bear an original number. Permits must be posted in a conspicuous place in the pharmacy to which it is issued.

(6) No pharmacy permit will be issued unless the pharmacy area is under the direct supervision of a licensed pharmacist in good standing with the Missouri State Board of Pharmacy, who meets the requirements of 4 CSR 220-2.090.

(7) If the owner/applicant is not the licensed pharmacist-in-charge, then the pharmacist-in-charge must meet the requirements of 4 CSR 220-2.090 and complete the pharmacist-in-

charge affidavit of the permit application and have it notarized.

(8) The names of all pharmacists regularly working in a pharmacy shall be clearly displayed on the premises of every establishment having a pharmacy permit.

(9) The following classes of pharmacy permits or licenses are hereby established:

(A) Class A: Community/Ambulatory. A pharmacy that provides services as defined in section 338.010, RSMo to the general public;

(B) Class B: Hospital Outpatient Pharmacy. A pharmacy operated by and located within a hospital that provides services as defined in section 338.010, RSMo to patients other than to the hospital's inpatient population;

(C) Class C: Long-Term Care. A pharmacy that provides services as defined in section 338.010, RSMo by the dispensing of drugs and devices to patients residing within long-term care facilities. A long-term care facility means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients;

(D) Class D: Home Health. A pharmacy that provides services as defined in section 338.010, RSMo for patients in a public or private residence who are under the supervision of a home health or hospice agency;

(E) Class E: Radiopharmaceutical. A pharmacy that is not open to the general public and provides services as defined in section 338.010, RSMo limited to the preparation and dispensing of radioactive drugs as defined by the Food and Drug Administration (FDA) to health care providers for use in the treatment or diagnosis of disease and that maintains a qualified nuclear pharmacist as the pharmacist-in-charge;

(F) Class F: Renal Dialysis. A pharmacy that is not open to the general public that provides services as defined in section 338.010, RSMo limited to the dispensing of renal dialysis solutions and other drugs and devices associated with dialysis care;

(G) Class G: Medical Gas. A pharmacy that provides services as defined in section 338.010, RSMo through the provision of oxygen and other prescription gases for therapeutic uses;

(H) Class H: Sterile Product Compounding. A pharmacy that provides services as defined in section 338.010, RSMo and provides a sterile pharmaceutical as defined in 4 CSR 220-2.200(1). Pharmacies providing sterile pharmaceuticals within the exemptions outlined in 4 CSR 220-2.200(7) and (8) shall not be considered a Class H pharmacy; and

(I) Class I: Consultant. A location where any activity defined in section 338.010,

RSMo is conducted, but which does not include the procurement, storage, possession or ownership of any drugs from the location.

(10) Pharmacy applications for initial licensure or renewals of a license shall accurately note each class of pharmacy that is practiced at the location noted on the application or renewal thereof. The permit (license) issued by the board shall list each class of licensure that the pharmacy is approved to engage in. Whenever a change in service classification occurs at a pharmacy the permit must be sent to the board with a notarized statement explaining any additions or deletions of pharmacy classes that are to be made.

*AUTHORITY: sections 338.140 and 338.220, RSMo Supp. 1999 and Omnibus State Reorganization Act of 1974 (Appendix B).** Original rule filed July 18, 1962, effective July 28, 1962. Amended: Filed Nov. 9, 1966, effective Nov. 19, 1966. Amended: Filed Oct. 27, 1970, effective Nov. 6, 1970. Amended: Filed Dec. 31, 1975, effective Jan. 10, 1976. Emergency amendment filed July 15, 1981, effective Sept. 28, 1981, expired Nov. 11, 1981. Amended: Filed Aug. 10, 1981, effective Nov. 12, 1981. Amended: Filed April 14, 1982, effective July 11, 1982. Amended: Filed March 14, 1983, effective June 11, 1983. Amended: Filed Feb. 11, 1985, effective May 11, 1985. Amended: Filed Dec. 16, 1985, effective May 11, 1986. Amended: Filed Aug. 1, 1986, effective Nov. 13, 1986. Amended: Filed Jan. 27, 1995, effective Sept. 30, 1995. Amended Filed Jan. 6, 1998, effective Aug. 30, 1998. Amended: Filed June 29, 1999, effective Jan. 30, 2000. Amended: Filed March 15, 2000, effective Sept. 30, 2000.

**Original authority: 338.140, RSMo 1939, amended 1981, 1989, 1997; and 338.220, RSMo 1951, amended 1969, 1981, 1989, 1997, 1999.*

Op. Atty. Gen. No. 316, Tracy (9-16-64). Restrictions imposed by city zoning ordinance provide no basis for board to refuse to license a pharmacy where pharmacy is otherwise qualified for a license and where these restrictions in no way affect the actual filling of prescriptions.

Op. Atty. Gen. No. 1, Allen (12-8-61). Rule promulgated by board requiring the presence of registered pharmacist at all times that a drug store is open for business is invalid as unreasonable enlargement of statutory requirement that presence of pharmacist is necessary only when prescriptions are compounded or sold.

Op. Atty. Gen. No. 70, Missouri State Board of Pharmacy (10-6-52). Proprietor of whole-

sale drug business must be licensed pharmacist or have at least one in his/her employ.

4 CSR 220-2.025 Nonresident Pharmacies

PURPOSE: This rule establishes licensure guidelines for nonresident pharmacies.

(1) Nonresident pharmacies shall not ship, mail or deliver prescription drugs into Missouri without first obtaining a pharmacy license from the Missouri Board of Pharmacy. An exemption to licensure is allowed when a nonresident pharmacy provides a prescription drug in an emergency situation or supplies lawful refills to a patient from a prescription that was originally filled and delivered to a patient within the state in which the nonresident pharmacy is located or provides medications upon receipt of a prescription or physician order for patients in institutional settings and the nonresident pharmacy is not recognized as a primary provider.

(2) To obtain a license as a pharmacy, a nonresident pharmacy must comply with each of the following:

(A) Maintain a license in good standing from the state in which the nonresident pharmacy is located;

(B) Submit an application as provided by the Missouri Board of Pharmacy for licensure in compliance with 4 CSR 220-2.020(2) and (3);

(C) Pay all appropriate licensing fees;

(D) Submit a copy of the state pharmacy license from the state in which the nonresident pharmacy is located; and

(E) Submit a copy of the state and federal controlled substance registrations from the state in which it is located, if controlled substances are to be shipped into Missouri.

(3) When requested to do so by the Missouri Board of Pharmacy, each nonresident pharmacy shall supply any inspection reports, warning notices, notice of deficiency reports or any other related reports from the state in which it is located concerning the operation of a nonresident pharmacy for review of compliance with state and federal drug laws.

(4) Except in emergencies that constitute an immediate threat to the public health and require expedited action by the board, the Missouri Board of Pharmacy shall file a complaint when known or suspected violations are uncovered with the licensing board of the state in which the nonresident pharmacy is located. If the licensing board in the state in which the nonresident pharmacy is located

initiates disciplinary action, the Missouri Board of Pharmacy may request the appropriate documents involved in the action for consideration of discipline against the pharmacy license of the nonresident pharmacy. If no action is taken against the nonresident pharmacy by the licensing board of the state in which it is located, the Missouri Board of Pharmacy may request copies of any investigation reports available from that state.

(5) The Missouri Board of Pharmacy will extend reciprocal cooperation to any state that licenses and regulates nonresident pharmacies for the purpose of investigating complaints against pharmacies located in Missouri or the sharing of information and investigative reports, as long as the other state will extend the same reciprocal cooperation to the Missouri Board of Pharmacy.

AUTHORITY: sections 338.140, RSMo Supp. 1989 and 338.280, RSMo 1986. Original rule filed Jan. 16, 1990, effective May 11, 1990.*

**Original authority: 338.140, RSMo 1939, amended 1981, 1989 and 338.280, RSMo 1951, amended 1971, 1981.*



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
STATE BOARD OF PHARMACY
**APPLICATION FOR NEW NON-RESIDENT PERMIT
TO OPERATE A PHARMACY**

FOR OFFICIAL USE ONLY	
PERMIT NO.	DATE OF ISSUE

INSTRUCTIONS

1. Read the accompanying rules carefully and make application in strict compliance.
2. This form must be typewritten.
3. All fees are nonrefundable.

The completed application and fee of \$200.00 must be sent to:
Missouri State Board of Pharmacy
P.O. Box 625, Jefferson City, MO 65102

APPLICATION

APPLICANT NAME (INDIVIDUAL OWNER/PARTNERSHIP/CORPORATION)		DATE
ADDRESS (STREET, CITY, STATE, ZIP)		
NAME OF PHARMACY		TELEPHONE NO. ()
ADDRESS		

FOR PERMIT ENDING OCT. 31, 19	MO. USE TAX NO.	THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THE MO. USE TAX NUMBER
----------------------------------	-----------------	--

For the purpose of securing such permit, the applicant states and represents:

1. Applicant is Individual Partnership Corporation Other
2. Applicant will place the following _____ licensed pharmacist in charge of such business:
(NAME OF STATE)

PHARMACIST NAME	LICENSE NO.
-----------------	-------------

NOTE: If PIC is not the applicant, PIC must complete No. 7.

3. The pharmacy is Retail Hospital Clinic Nursing Home Other
4. The above named pharmacy is New Change of ownership (If change of ownership, complete below)

PREVIOUS NAME OF PHARMACY	ADDRESS	PERMIT NO.
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5. To the best of your knowledge, have any of the applicant(s) and/or the pharmacist in charge associated with this permit application ever:
 - (A) Been denied, refused, convicted, fined, disciplined or had a pharmacy or pharmacist license revoked for violation of pharmacy, liquor or drug laws, or presently charged with any such violations, in Missouri or any other state? YES NO
 - (B) Been convicted of any felony, or presently charged with the commission of a felony, in Missouri or any other state? YES NO

If you are presently charged with or have been previously convicted or any such violations, explain in detail. If your license has been disciplined for other than non-payment of fees, explain in detail. Use separate sheet.

PARTNERSHIP: LIST NAMES AND ADDRESSES OF PARTNERS AND PERCENTAGE OF OWNERSHIP OF EACH

PARTNER NAME	ADDRESS	%

CORPORATION: LIST NAMES, TITLES & ADDRESSES OF PRINCIPAL OFFICERS & THOSE OWNING OR CONTROLLING 25% OR MORE OF ISSUED STOCK.

PRINCIPAL OFFICER NAME	TITLE	ADDRESS

MO 419-1759 (7-90)

6. Applicant promises and swears that if a permit is issued as requested, such business shall maintain a pharmacist on duty within the location of said business, and such business will be conducted and operated in full compliance with the pharmacy law, professional ethics and all other laws of the state in which pharmacy is physically located as long as continued under such permit.

NAME OF STATE IN WHICH PHARMACY IS PHYSICALLY LOCATED	SIGNATURE OF INDIVIDUAL OWNER, PARTNER OR CORPORATE OFFICER ▶
---	--

I, the above named applicant, do solemnly (swear or affirm) that I am the afore-mentioned applicant and that the statements and representations made in the foregoing application are true and correct. Further I say naught. All that I affirm under pain and penalties of law.

MUST BE SIGNED IN PRESENCE OF NOTARY		SIGNATURE OF APPLICANT ▶
NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY (OR CITY OF _____)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ 19	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW		

7. If the applicant is not the licensed pharmacist in charge, then the affidavit of such licensed pharmacist is required below:

PHARMACIST IN CHARGE (PRINT OR TYPE)	NAME OF STATE LICENSED	LICENSE NUMBER
--------------------------------------	------------------------	----------------

I do solemnly (swear or affirm) that I am a licensed pharmacist and that I serve as licensed pharmacist in charge of the business described in the foregoing application, that I understand that the permit will be issued to the applicant with my name appearing thereon as pharmacist in charge, and in the event that my employment shall terminate for any reason, I will immediately notify the Executive Director of the Board of Pharmacy and forward the permit to such Executive Director. All this I affirm under penalties of perjury.

MUST BE SIGNED IN PRESENCE OF NOTARY		PHARMACIST IN CHARGE ▶
NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ 19	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW		

ATTACH A COPY OF:

1. State Pharmacy License.
2. State and Federal Controlled Substance Licenses.

4 CSR 220-2.030 Educational and Licensing Requirements

PURPOSE: This rule outlines requirements for internship standards and training, exam scoring procedures, procedures for examination score transfer and licensure transfer and defines accredited colleges.

(1) An approved school or college of pharmacy means a school or college of pharmacy whose curriculum, physical equipment, course of instruction and teaching personnel conform to the standards and specifications or the equivalent required by the American Council on Pharmaceutical Education for accreditation and is approved annually by the board.

(2) All applicants for examination shall file an application for examination with the executive director at least twenty-one (21) days prior to the date of the examination. Application shall be made on forms provided by the executive director. The candidate shall furnish satisfactory evidence on the application that s/he has graduated from an approved school of pharmacy and present affidavits certifying the completion of fifteen hundred (1500) hours of practical experience. An application will be considered filed if it is received by the deadline, even though it may have to be returned to the applicant for minor correction or completion. However, an application will not be considered filed if it has to be returned to the applicant for any one (1) or more of the following reasons:

- (A) Incorrect or missing fee;
- (B) Incomplete or missing college affidavit; or
- (C) Incomplete or missing signature and notarization. In this instance, the application will be returned to the applicant and will not be considered filed until it has been returned with all corrections made. In addition, it must be postmarked on or before the appropriate deadline date. If an application is received with a postmark after the deadline date, it will be rejected and the candidate will be notified that s/he is not eligible to sit for that particular examination. The applicant must take the examination(s) within three hundred sixty-five (365) days of having been determined eligible, to avoid forfeiture of eligibility and fees.

(3) Requirements for Practical Experience.

(A) Requirements for Training as a Pharmacy Intern.

1. Every person who desires to gain practical experience in Missouri toward licensure as a pharmacist must apply for a license as an intern pharmacist. An application for

licensure shall be made on forms provided by the Missouri Board of Pharmacy and must be accompanied by the appropriate licensure fee.

2. An applicant for licensure as a pharmacy intern shall be currently enrolled in or graduated from a college that is approved by the Missouri Board of Pharmacy and that applicant may apply for licensure after the completion of thirty (30) hours of college course work in an approved school of pharmacy.

3. The minimum practical experience shall be fifteen hundred (1500) hours of training to qualify to take the examination for licensure as a pharmacist. Not more than five hundred (500) hours' credit shall be given for experience obtained concurrent with school attendance; provided, the practical experience shall not exceed ten (10) hours in any one (1) week.

4. Credit shall be given during summer vacation and any academic break, the dates to be determined from the college affidavit signed by the dean or registrar. Not more than forty (40) hours' credit per week shall be given for experience obtained not concurrent with school attendance.

5. A maximum of five hundred (500) hours of the required fifteen hundred (1500) internship hours may be acquired in pharmacy-related programs; provided, these programs have received prior approval of the board.

6. A maximum of seven hundred fifty (750) hours may be obtained in a structured externship program which is part of the college curriculum.

(B) It shall be incumbent upon both the supervisor (preceptor) of a certified intern training pharmacy and the pharmacy intern to complete an accurate record of time spent by the intern in acquiring practical experience. The Missouri Board of Pharmacy may request to see the Social Security payment record of the intern to determine the exact time of employment. These records of time shall be kept current and open for inspection by any member of the Missouri Board of Pharmacy or its inspectors.

(C) Practical experience shall be computed from the date of licensure as a pharmacy intern and practical experience shall be credited only when it has been obtained in an approved intern training pharmacy.

(D) Pharmacy interns working under the direct supervision of a preceptor and expecting to qualify for the licensed pharmacist examination must notify the board of the beginning and end of their employment under the supervision of a preceptor within five (5)

days of the beginning and ending of their employment.

1. The intern pharmacist must submit his/her employment information on a form supplied by the Missouri Board of Pharmacy and must identify the licensed pharmacist who will act as preceptor along with the certification number and permit number of the approved intern training pharmacy.

2. If a licensed intern has a change in employment, a change in preceptor, or both, the intern must complete the proper form to be furnished by the board, attach the intern license and return both documents to the board office. When board records have been updated, a corrected license will be mailed to the intern pharmacist.

(E) A pharmacy intern must file an affidavit for intern training experience executed by a pharmacy preceptor on a form furnished by the board. This form will include, at a minimum, a report of contract hours completed during the internship period.

(F) Reports must be filed by the intern with the board in order for any hours to be counted toward the required practical experience. The reports shall include, but not be limited to:

- 1. Application for registration as an intern;
- 2. Intern employment form; and
- 3. Intern evaluation of each training period or site.

(G) Practical experience in intern training given in a state other than Missouri may be allowed by the board if, in the opinion of the board, the requirements of the state of the applicant's residence and experience are equal in the minimum requirements of the board for intern training in Missouri. Intern hours earned in another state must be certified directly to the Missouri Board of Pharmacy from the board of pharmacy of the state in which the training occurred.

(H) Any intern pharmacist who has an intern registration number and provides all information as required for reporting employment and intern hours may submit hours toward practical experience requirements that were acquired through June 30, 1993, without obtaining a license as a pharmacy intern from the board.

(I) A pharmacy preceptor shall be a Missouri licensed pharmacist in good standing with the board employed full-time at a Certified Intern Training Pharmacy.

(J) Preceptors should designate what official written guides or references will be utilized for training interns while under their direction and supervision.

(K) The term supervision as used in connection with the intern training requirement

shall mean that, in the pharmacy where intern training is being obtained, a preceptor shall be in personal contact with and actually giving instruction to the intern during the period of that training. The ratio of interns to the full-time employment preceptors where more than one (1) intern is employed must not be greater than one (1) intern to each preceptor.

(L) The preceptor in a Certified Intern Training Pharmacy must signify a willingness to cooperate with the Missouri Board of Pharmacy in developing intern training and to report to the board from time-to-time if requested on progress and aptitude of any intern under his/her supervision. Progress report forms are furnished by the board.

(M) In the management of a Certified Intern Training Pharmacy, the emphasis must be on activities connected with pharmaceutical care through the interpretation and evaluation of prescription orders; the compounding, dispensing and labeling of drugs and devices pursuant to prescription orders; the proper and safe storage of drugs and devices and the maintenance of proper records of them; and consultation with patients and other health care practitioners about the safe and effective use of drugs and devices.

(N) The provisions of this rule are not applicable to those students who gain their practical experience in another state. However, if any portion of the required fifteen hundred (1500) hours are to be earned in Missouri, the applicant must be licensed as an intern under the provisions of this rule.

(4) Requirements for a Certified Intern Training Pharmacy.

(A) A pharmacy certified to provide intern training for the purpose of gaining practical experience as required by sections 338.020 and 338.030, RSMo shall be known as a Certified Intern Training Pharmacy.

(B) An applicant to become a Certified Intern Training Pharmacy shall make application to the board and shall meet the following requirements:

1. It must be a pharmacy with a clear record with respect to the observance of all federal, state and municipal laws and ordinance governing any phase of activity in which the pharmacy is engaged;

2. It must be a pharmacy operating under a pharmacy permit issued by the board and must have signified a willingness to train interns;

3. It must maintain a satisfactory rating as per the Missouri Board of Pharmacy inspector's report;

4. It must reapply to be a Certified Intern Training Pharmacy at the end of each three (3)-year period; and

5. All interns will be under the direct supervision of a Missouri licensed pharmacist in good standing with the board.

(C) Certification granted an intern training pharmacy may be withdrawn if, in the opinion of the board, the pharmacy, at any time, fails to comply with these requirements in all respects.

(D) Institutional settings that are involved in training interns must maintain a pharmacy permit and comply with all other provisions of this rule. In addition, any inpatient areas of an institution used to train interns will be subject to regular inspection by the board.

(5) Examination.

(A) Each applicant for licensure by examination must pass the National Association Boards of Pharmacy Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE). The applicant is responsible for payment of any required fee for the NAPLEX and the MPJE examinations, as established by the National Association of Boards of Pharmacy.

(B) A minimum score of seventy-five (75) is required for each of the examinations listed in subsection (5)(A).

(C) All examinations are scored independently and may be retaken independently upon payment of the appropriate fee.

(D) The MPJE will consist of questions on Missouri and federal pharmacy laws and regulations and the Missouri and federal controlled substance laws and regulations.

(E) If a candidate fails to achieve a score of seventy-five (75) in any of the examinations listed in subsection (5)(A), it will be necessary to take that examination again and pass that examination before a license can be issued. The candidate must complete any required application(s) and pay any required fee(s) to reestablish eligibility to retake any of the examinations listed in subsection (5)(A).

(F) A candidate scheduled to write the NAPLEX may apply for licensure by completing the NAPLEX Score Transfer Form supplied by the National Association of Boards of Pharmacy. In addition to completion of the form, the candidate must fulfill all necessary requirements as set forth by the National Association of Boards of Pharmacy and the Missouri Board of Pharmacy. Any fees required to transfer scores must accompany the completed form. Transfer scores will be accepted by the board from any state which accords similar privileges to Missouri candidates. Scores transferred by the candidate to Missouri must meet all minimum grade requirements as set forth in section (5) of this rule. Once this has been determined, the board office will send an application form for Missouri licensure to the successful can-

didate. The candidate must return the completed form along with all appropriate fees to the board office. The candidate must successfully complete the Multistate Pharmacy Jurisprudence Examination (MPJE) at the next regular examination date. Any candidate who fails to achieve a passing score on any of the examinations required may retake the examination upon proper reapplication and upon payment of appropriate fees.

(G) When the applicant's examination application has been accepted, the board will notify the National Association of Boards of Pharmacy that the applicant is an eligible candidate for the NAPLEX automated examination and/or the MPJE automated examination. The applicant is responsible for completing any necessary application(s) and payment of fee(s) as required by the National Association of Boards of Pharmacy.

(H) The National Association of Boards of Pharmacy will then create an applicant data base of eligible candidates for the NAPLEX and/or the MPJE which will be provided to the entity or entities which manages the testing centers. The National Association of Boards of Pharmacy will cause an Authorization to Test and instructions for scheduling a test appointment for either or both computerized examinations (NAPLEX and MPJE) to be mailed directly to the candidate. It will be the candidate's responsibility to schedule his/her testing date, time and location for either or both computerized examinations (NAPLEX and MPJE).

(I) The score on the NAPLEX examination will be reported to the National Association of Boards of Pharmacy by the testing center(s) and subsequently to the board of pharmacy.

(6) Licensure Transfer.

(A) An applicant for licensure transfer must fully meet all the requirements in effect in Missouri on the date of registration in the state of original licensure.

(B) An applicant for licensure transfer shall meet all requirements of the state from which they are transferring including, but not limited to, that state's continuing education requirements.

(C) An applicant for licensure transfer must have attained the equivalent of fifteen hundred (1500) practice hours, as set forth in section (3) of this rule, either as a pharmacy intern/extern or have maintained a pharmacist license in good standing for a period of not less than one (1) year in the state from which they are transferring.

(D) The board, in its discretion, may grant licensure transfer to an applicant when the applicant previously has taken and failed to pass an examination given by the Missouri

board and who is eligible for licensure transfer, having later passed the examination for registry in another state.

(E) Applicants for licensure transfer must pass the Multistate Pharmacy Jurisprudence Examination (MPJE), a computerized examination provided through the National Association of Boards of Pharmacy. The applicant for licensure transfer is responsible for completing any necessary application(s) and payment of fee(s) as required by the National Association of Boards of Pharmacy. If the applicant fails the MPJE two (2) consecutive times, the application will be provided to the full board at its next regular meeting for appropriate review and action.

(F) No person shall be eligible for licensure transfer against whom there is pending any indictment or any alleged violation of the laws governing the practice of pharmacy, alcohol or other regulated law or who has been convicted of any crime within the past ten (10) years.

(G) All required fees must be paid prior to approval of a licensure transfer.

(H) The Missouri Board of Pharmacy reserves the right to reject any licensure transfer application for good and just reasons and, in the event of so doing, the fee paid to it will be refunded.

(I) No application for licensure transfer will remain valid if the applicant fails to complete the transfer process as outlined in this rule within one (1) year of receipt of the application by the board. Any failure by the applicant to complete the licensure transfer process will result in a forfeiture of all fees paid to the board.

(J) Any application for licensure transfer which is pending for three (3) months or more and is still a valid application may require an additional review by the board of licensure information from any state in which the applicant holds a license.

(K) Any application which is on file at the Missouri Board of Pharmacy on June 1, 1990, and which has been on file for one (1) year or longer, as defined in subsection (6)(I) of this rule, shall be considered void and will not be processed. All fees related to any application considered void by this section shall be forfeited by the applicant.

(7) Licenses.

(A) No duplicate certificates or renewals for licenses or permits shall be issued except upon the return of the original or upon the sworn statement that the certificate has been lost or destroyed. The duplicate certificate or renewal fee shall accompany the affidavit.

(B) No assistant or apprentice-pharmacist license is recognized by the board inasmuch

as the members of the State Missouri Board of Pharmacy in session in Kansas City, Missouri on January 24, 1938, ruled, and the adopted minutes so state, that March 1, 1938, would be the last day a license as a pharmacist could legally be issued to an assistant pharmacist as per Missouri statutes, section no. 13151 and the secretary was ordered at that time to accept no fees and to issue no license as a pharmacist to assistant pharmacists after that date. Furthermore, this portion of section no. 13151, relating to converting over of assistant pharmacists to registered pharmacists, was deleted by the 66th General Assembly, effective as of August 1, 1952.

*AUTHORITY: sections 338.020, 338.030 and 338.040, RSMo 1994 and 338.035, 338.070, 338.140, 338.280, RSMo Supp. 1997. * This version of rule filed July 18, 1962, effective July 28, 1962. Amended: Filed Nov. 9, 1966, effective Nov. 19, 1966. Amended: Filed Nov. 27, 1967, effective Dec. 7, 1967. Amended: Filed Sept. 30, 1969, effective Oct. 10, 1969. Amended: Filed Dec. 31, 1975, effective Jan. 10, 1976. Emergency amendment filed July 15, 1981, effective Sept. 28, 1981, expired Nov. 11, 1981. Amended: Filed Aug. 10, 1981, effective Nov. 12, 1981. Amended: Filed April 14, 1982, effective July 11, 1982. Amended: Filed Dec. 12, 1983, effective May 11, 1984. Amended: Filed Dec. 11, 1984, effective March 11, 1985. Amended: Filed June 14, 1985, effective Aug. 26, 1985. Amended: Filed Feb. 25, 1986, effective June 12, 1986. Amended: Filed Oct. 1, 1987, effective Jan. 29, 1988. Amended: Filed Jan. 3, 1990, effective April 26, 1990. Amended: Filed Jan. 30, 1991, effective July 8, 1991. Amended: Filed Jan. 3, 1992, effective June 25, 1992. Amended: Filed Aug. 4, 1992, effective April 8, 1993. Amended: Filed Sept. 26, 1994, effective March 30, 1995. Amended: Filed Jan. 27, 1995, effective Sept. 30, 1995. Amended: Filed March 19, 1996, effective Oct. 30, 1996. Amended: Filed Dec. 9, 1996, effective July 30, 1997. Amended: Filed April 23, 1998, effective Nov. 30, 1998.*

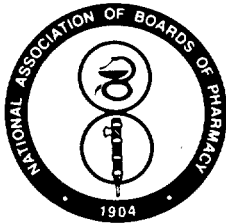
**Original authority: 338.020, RSMo 1939, amended 1947, 1949, 1981, 1990; 338.030, RSMo 1939, amended 1949, 1951, 1981, 1990; 338.035, RSMo 1990, amended 1993, 1997; 338.040, RSMo 1939, amended 1961, 1969, 1981, 1990; 338.070, RSMo 1939, amended 1947, 1953, 1961, 1969, 1981, 1985, 1997; 338.140, RSMo 1939, amended 1981, 1989, 1997; and 338.280, RSMo 1951, amended 1971, 1981.*

Simon v. Missouri State Board of Pharmacy, 570 SW2d 334 (Mo. App. 1978). Respondent pleaded nolo contendere to a federal controlled substances distribution violation. The district court suspended imposition of sentence and the state board instituted a disci-

plinary action on the basis that respondent had been "convicted" under section 338.055.3, RSMo. A judgment which suspends imposition of sentence on a plea of nolo contendere is not a "conviction" subjecting respondent's license to suspension or revocation.

Missouri State Board of Pharmacy v. Kennedy, 511 SW2d 913 (Mo. App. 1974). Where pharmacy board and Administrative Hearing Commission agreed on interpretation of rule on reciprocity, no controversy existed between the parties as to the validity of the rule on appeal.

Op. Atty. Gen. No. 75, Riley (5-12-54). Ten-dollar fee required for issuance of permit to engage in pharmacy section 338.220, RSMo Supp. 1953 is not a tax and must be paid by a purely charitable organization engaging in pharmacy business.



National Association of Boards of Pharmacy

O'Hare Corporate Center 1300 Higgins Road Park Ridge, Illinois 60068

708/698-6227

NABPLEX[®] Score Transfer Form

Information to the Candidate

The NABPLEX Score Transfer Form is made available to you by the NATIONAL ASSOCIATION OF BOARDS OF PHARMACY. Completion of this form allows you the opportunity to transfer the score from your licensure examination to additional state(s) in which you wish to hold an additional license or licenses by examination.

We ask that you read the form carefully. You must *sit* for the NABPLEX in a participating state listed on this form to use the NABP Score Transfer Program to transfer your NABPLEX score to another participating state. If you sit for examination in a non-participating state, you CANNOT transfer your score using this form. Also, you cannot transfer your score to a non-participating state.

If you sit for both the NABPLEX and the Federal Drug Law Examination on successive days in a participating state, score transfer includes both the NABPLEX and the FDLE scores when the participating states use both examinations.

Terms and Conditions:

1. Candidates must file the form with the proper NABP fee *prior to or within seven days following* the date on which they take NABPLEX.

NABP WILL NOT PROCESS SCORE TRANSFER FORMS FILED WITH A POSTMARK LATER THAN SEVEN DAYS FROM THE DATE OF THE NABPLEX ADMINISTRATION FOR WHICH SCORE TRANSFER IS REQUESTED.

If there is a discrepancy between a metered postmark and an official U.S. Postal Service Postmark, the latter will be considered official. Submitted fees will be returned if the form is postmarked after the deadline.

2. Mail the completed score transfer form, with the fee of **\$50.00** per state, in the form of a **money order, bank draft, or certified check**, to the National Association of Boards of Pharmacy, O'Hare Corporate Center, 1300 Higgins Road, Suite 103, Park Ridge, IL 60068.

Do NOT send a personal check, cash, or any other form of fee other than a money order, bank draft, or certified check to this office.

3. Candidates should understand that they will be required to complete an application for examination, pay the examination fee for each state, and travel to the state on notice from the Board to take any locally administered examinations necessary to complete this process.
4. No refunds will be made to candidates who do not pass the examination or who do not meet the qualifications for licensure in the state to which their score was transferred. Candidates may want to check with the State Board of Pharmacy to determine the requirements for licensure prior to filing this form.



NABPLEX SCORE TRANSFER FORM

This NABPLEX Score Transfer Form is being supplied prior to the administration of the NABPLEX Licensure Examination so that you can determine to which states you wish to have your score transferred. This form must be mailed to the National Association of Boards of Pharmacy (NABP) with a postmark date prior to or within seven days following the date of the NABPLEX administration for which score transfer is requested.

The applicant is responsible for contacting each state to determine eligibility for licensure in that state. *The filing and acceptance of this agreement does not assure eligibility for licensure in any state to which the score is transferred.*

TO: National Association of Boards of Pharmacy
O'Hare Corporate Center
1300 Higgins Road, Suite 103
Park Ridge, IL 60068

The applicant is to complete the following:

NAME: _____
ADDRESS: _____
City State Zip Code

1. This is to certify that I sat for the NABP Licensure Examination (NABPLEX), administered by the _____ Board of Pharmacy on _____ (date).

I wish to transfer my score to the following states for registration with the Board of Pharmacy.

State: _____ State: _____
State: _____ State: _____
State: _____ State: _____

I understand that in order to be eligible to have my score transferred, I must take NABPLEX in a state that accepts transfer scores. The NABPLEX total scaled score is the score that is transferred.

- 2. I understand that NABP will transfer my NABPLEX score to the indicated state(s) for a fee of \$50.00 per state. I understand that I must obtain the necessary application directly from each state that I have indicated, and that I am responsible for payment of the appropriate state fee to each state to which my score is transferred.
3. I understand that I will be required to complete an application for examination, pay the examination fee for each state, and travel to the state(s) on notice from said Board to take any locally administered examinations necessary to complete this process.
4. Enclosed is a certified check, bank draft, or money order for \$_____ for the NABP transfer. I understand that I will be responsible for filing the necessary state examination application. I acknowledge receipt of a Roster of State Board Executives and a state fee schedule of the states that will accept scores by transfer. I understand that the state will provide notice of the time that I am to appear for the balance of the licensing examination.

5. I understand and agree that no refunds will be made to me of fees for transfer of score whether or not I successfully pass the examination and whether or not I am licensed in the state(s) to which my score is transferred. I further understand that in order to be licensed in any state to which my score is transferred, I must meet the qualifications for licensure in that state.
6. I understand that NABP will transfer my Federal Drug Law Examination (FDLE) score to the participating states that I have listed in paragraph 1 if the FDLE is required and if I sit for the FDLE and NABPLEX on successive days in a participating state.

Date

Applicant's Signature

LIST OF PARTICIPATING STATES
State Fee (in dollars)**

Alaska	75	Maryland	240	North Dakota	75
Arizona	225	Massachusetts	275	Oregon	200
Colorado	170	Michigan	60	Pennsylvania	25
Connecticut	100	Minnesota	200	Rhode Island	100
Delaware	200	Missouri	275	South Carolina	220
Georgia	225	Montana	175	South Dakota	35
Idaho	225	Nebraska	150	Texas	200
Illinois	0	Nevada	150	Utah	90
Indiana	5	New Hampshire	200	Vermont	40
Iowa	140	New Jersey	50	Washington	175
Kansas	250	New Mexico	200	Wisconsin	10
Kentucky	100	New York	330	Wyoming	75
Maine	150	North Carolina	75		

** The State Fees listed as part of the Score Transfer Program are those in effect as of the June 1990 NABPLEX. You may wish to check with the State Board for current fees. Some states may require payment for examination materials in addition to the state fee listed.

LIST OF PARTICIPATING STATES USING FDLE

Illinois	Maryland	Pennsylvania
Indiana	Minnesota	Vermont
Iowa	Missouri	Wisconsin
Kansas	North Dakota	

Revised April, 1990



STATE OF MISSOURI
BOARD OF PHARMACY

LICENSED PHARMACIST EXAMINATION APPLICATION

FOR OFFICE USE ONLY

NOTE: ALL APPLICATIONS MUST BE COMPLETE AND IN THE HANDS OF THE BOARD OF PHARMACY WITH THE REQUIRED FEE AND CERTIFICATION OF ALL INTERNSHIP HOURS FOUR WEEKS PRIOR TO THE EXAMINATION DATE. IF HANDWRITTEN, PRINT LEGIBLY AND USE BLACK INK.

FEES: \$170.00 MONEY ORDER PAYABLE TO NATIONAL ASSOC. OF BOARDS OF PHARMACY.
\$105.00 PAYABLE TO MISSOURI BOARD OF PHARMACY.
BOTH FEES MUST BE ENCLOSED WITH APPLICATION.

RETURN COMPLETED APPLICATION AND FEES TO: MISSOURI BOARD OF PHARMACY
3523 NORTH TEN MILE DRIVE
P.O. BOX 625
JEFFERSON CITY, MISSOURI 65102

TOTAL NO. OF INTERNSHIP HOURS
I.D. NO.
LICENSE NO.
DATE LICENSED

APPLICANT IS APPLYING FOR NABPLEX EXAM TRANSFER OF NABPLEX SCORES

MR. NAME (FIRST, MIDDLE, MAIDEN, LAST)				
MRS.				
MISS				
ADDRESS (STREET, CITY, STATE, ZIP)			COUNTY	
			TELEPHONE ()	
SOCIAL SECURITY NO.	STATE OF BIRTH	DATE OF BIRTH	PRESENT AGE	SEX

HIGH SCHOOL EDUCATION	
NAME OF HIGH SCHOOL	DATE GRADUATED
IN LIEU OF THE ABOVE, I HOLD HIGH SCHOOL EQUIVALENT CREDENTIALS ISSUED BY	DATE OF CREDENTIALS

COLLEGE EDUCATION (PRIOR TO ENTERING PHARMACY COLLEGE)		
YEAR	COLLEGE NAME	LOCATION
1ST		
2ND		
3RD		
4TH		

PHARMACY/COLLEGE AFFIDAVIT			
THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT		COLLEGE OF PHARMACY	
ATTENDED			
FROM	TO	FROM	TO
FROM	TO	FROM	TO
FROM	TO	FROM	TO
COLLEGE SEAL	GRADUATION DATE	YEAR COURSE	DEGREE OF
	DEAN OR REGISTRAR - SIGNATURE		DATE
	ADDRESS		

MO 419-0882 (1-91)

PRACTICAL EXPERIENCE

An applicant for examination as a licensed pharmacist must file with the State Board of Pharmacy satisfactory evidence that he/she has completed at least 1500 hours of practical experience in an approved intern training pharmacy under the supervision of a licensed pharmacist, which experience shall be predominantly work relating to the dispensing of drugs, the compounding of pharmaceutical preparations and physicians' prescriptions, the clinical practice of pharmacy, and keeping records and making reports required under state and federal statutes.

The required hours must be submitted to this office on the Internship Form provided by this office or by the colleges of pharmacy in Missouri. **Hours acquired in another state must be certified to this office by the secretary of the Board of Pharmacy in that state.**

Summary of practical experience. Internship forms for these hours must be included with this form or on file in the Board office.

NAME OF PHARMACY	DATE FROM	DATE TO
(a)		
(b)		
(c)		
(d)		
(e)		
(f)		
TOTAL PHARMACY EXPERIENCE ►	YEARS	MONTHS

PREVIOUS EXAMINATION RECORD

IF APPLICANT HAS PREVIOUSLY TAKEN BOARD EXAMINATION FOR LICENSED PHARMACIST IN THIS STATE OR ANOTHER STATE, HE MUST DISCLOSE PLACES, DATES AND RESULTS.

STATE	DATE	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	STATE	DATE	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
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PREVIOUS LICENSURE AS LICENSED PHARMACIST

STATE	DATE	CERTIFICATE NUMBER	IN GOOD STANDING <input type="checkbox"/> YES <input type="checkbox"/> NO
STATE	DATE	CERTIFICATE NUMBER	IN GOOD STANDING <input type="checkbox"/> YES <input type="checkbox"/> NO

CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS, AND STATUS *ALL QUESTIONS MUST BE ANSWERED

NOTE TO APPLICANT: The following questions must be answered truthfully and completely by you without any omissions. Your failure to do so may subject you to criminal penalties, or to the denial or revocation of your pharmacist license in Missouri. If you are in doubt on a question, mark the answer "yes" and explain below in the space provided.

- Are you now charged in any criminal prosecution, or have you ever been adjudicated guilty or entered a plea of guilty or nolo contendere, in any criminal prosecution in Missouri, in any other state, or in a United States court: Yes No
 - for any offense relating to drugs, narcotics, controlled substances or alcohol, whether or not sentence was imposed? Yes No
 - for any offense involving the practice of pharmacy, or relating to acts committed within a pharmacy or incident to pharmacy practice, whether or not sentence was imposed? Yes No
 - for any offense involving fraud, dishonesty, or an act of violence (for example, medicaid fraud, theft of money or drugs, or robbery), whether or not sentence was imposed? Yes No
 - for any offense involving moral turpitude whether or not sentence was imposed (if you are unsure, mark "yes")? Yes No

MO 419-0862 (1-91)



2. Have you ever:
- (a) Had an application for a pharmacy or pharmacist's license, permit or certificate, denied or refused in this state, or any other state or country? Yes No
 - (b) Had disciplinary action taken against you, or a pharmacy you owned, or a pharmacy where you were employed, by the pharmacy board (or its equivalent) in this state, or any other state or country? Yes No
 - (c) Been adjudged insane or incompetent by a court in this state, or any other state or country: Yes No
 - (d) Violated the drug laws or rules and regulations of this state, or any other state or country, or the United States? Yes No
 - (e) Used in the past, or are you now using, any controlled substance or alcoholic beverage to an extent that such use may impair your ability to perform the work of a pharmacist? Yes No
 - (f) Been, or are you now, addicted to any drugs or controlled substances, or an alcoholic beverage (Mark "yes" even if you were once, but now "recovered" or "dry")? Yes No

3. If you answered "yes" to any part of questions 1 or 2, please give all details and explain "yes" answer fully, and **attach copies of all applicable court documents**. If more space is needed, attach a separate sheet. In addition, state **where** offense occurred (city/state).

"338.185 RSMo." After the effective date of this act, notwithstanding any other provisions of law, the board of pharmacy shall have access to records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed.

AFFIDAVIT OF APPLICANT

That I have personally completed the foregoing application truthfully and completely, without omissions;
 That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to my best knowledge and belief; and
 That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050 RSMo 1978.

MUST BE SIGNED IN PRESENCE OF NOTARY ►

SIGNATURE OF APPLICANT

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	19
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

MO 419-0882 (1-91)

ATTACH 2 (TWO) PHOTOS OF YOURSELF
 TAKEN NOT MORE THAN 60 DAYS PRIOR
 TO SUBMITTING APPLICATION.

 (HEAD AND SHOULDERS PHOTO)

PHOTO CERTIFICATE

I certify that the photograph attached is a true likeness of myself and was taken on or about _____ 19____, and the following description of myself is accurate:

HEIGHT	WEIGHT	COLOR OF EYES
COLOR OF HAIR	COMPLEXION	AGE
APPLICANT SIGNATURE		
ADDRESS (STREET, CITY, STATE, ZIP)*		

*If different than on page 1, please specify which address is to be used for examination materials and correspondence.

EXAMINATION RECORD

	1ST EXAM DATE	2ND EXAM DATE	3RD EXAM DATE	4TH EXAM DATE	5TH EXAM DATE
NABPLEX AVERAGE	_____	_____	_____	_____	_____
FDLE					
MO. LAW EXAM					
PRACTICAL					

MO 419-0882 (3-90)



STATE OF MISSOURI
MISSOURI BOARD OF PHARMACY
PRECEPTOR'S AFFIDAVIT OF INTERNSHIP HOURS

CONCURRENT
NONCONCURRENT

INSTRUCTIONS (Please read before completing form) THIS FORM MUST BE TYPEWRITTEN

- 1. This form is for credit of Internship hours acquired in Missouri ONLY. Hours acquired in another state must be certified by that state board of pharmacy.
2. Use SEPARATE form for concurrent and nonconcurrent hours.
3. Intern must have 30 hours of college course work in an approved school of pharmacy before credit can be given for hours worked.
4. Non-concurrent hours may not exceed 40 hours in any one week. No maximum on total.
5. Concurrent hours may not exceed 10 hours per week. Maximum credit-500.
6. HOURS WILL NOT BE ACCEPTED FROM A PHARMACY THAT IS NOT AN APPROVED INTERN TRAINING PHARMACY.
7. The signature of the preceptor must be notarized.
8. Unless specifically requested, this form will not be acknowledged.

MAIL COMPLETED FORM TO: MISSOURI BOARD OF PHARMACY, P.O. BOX 625, JEFFERSON CITY, MISSOURI 65102

NAME OF INTERN, INTERN NUMBER, ADDRESS (STREET, CITY, STATE, ZIP), NAME OF PHARMACY, PERMIT NUMBER, ADDRESS (STREET, CITY, STATE, ZIP), INT. CERT. NUMBER

Table with 8 columns: WEEK ENDING MO/DAY/YEAR, NO. HRS. EMPLOYED, WEEK ENDING MO/DAY/YEAR, NO. HRS. EMPLOYED, WEEK ENDING MO/DAY/YEAR, NO. HRS. EMPLOYED, WEEK ENDING MO/DAY/YEAR, NO. HRS. EMPLOYED

PRECEPTOR'S EVALUATION OF INTERN. Includes categories: QUALITY OF WORK, QUANTITY OF WORK, ABILITY TO LEARN, COOPERATION, INITIATIVE & APPLICATION, DEPENDABILITY. Each category has three evaluation options: HAS NOT REACHED EXPECTED LEVEL, NORMAL EXPECTANCY, DEFINITELY BETTER THAN THE EXPECTED LEVEL.

I HEREBY CERTIFY UNDER PENALTIES OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

MUST BE SIGNED IN PRESENCE OF NOTARY. PRECEPTOR SIGNATURE, LICENSE NUMBER

NOTARY PUBLIC EMBOSSEER SEAL, STATE OF MISSOURI, COUNTY (OR CITY OF ST. LOUIS), DAY OF 19, NOTARY PUBLIC SIGNATURE, MY COMMISSION EXPIRES, NOTARY PUBLIC NAME (TYPED OR PRINTED), USE RUBBER STAMP IN CLEAR AREA BELOW.

MO 419-1428 (5-88)



**STATE OF MISSOURI
MISSOURI BOARD OF PHARMACY
APPLICATION FOR REGISTRATION AS INTERN**

PHOTO 2" X 2" HEAD AND SHOULDERS		FOR OFFICE USE ONLY INTERN NO. ►
INSTRUCTIONS Complete the appropriate section of the following application. Please type or print. Please attach a 2" x 2" photo of yourself (head and shoulders only) at left. * The Board must be notified as soon as possible of an address change. Mail this completed form to: MISSOURI BOARD OF PHARMACY P.O. BOX 625 JEFFERSON CITY, MISSOURI 65102		
STATEMENT OF INTERN		
APPLICANT NAME		
APPLICANT PERMANENT ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP)		
APPLICANT LOCAL ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP)*		
PLACE OF BIRTH (CITY, STATE, COUNTRY)		DATE OF BIRTH
I understand that I must comply with Federal and State laws and the Rules and Regulations of the Missouri Board of Pharmacy and must submit such reports as requested by the Board. I am aware that I cannot legally compound or dispense drugs or medicine except under the immediate and personal supervision of a licensed pharmacist. I further state that I do not use drugs other than those legally prescribed by a physician and am presently free and clear of drug and alcohol abuse. I hereby certify under the penalties of perjury that the above statements are true and correct.		
MUST BE SIGNED IN PRESENCE OF NOTARY ►		SIGNATURE OF INTERN DATE
NOTARY PUBLIC EMBOSSEER SEAL	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	19
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		USE RUBBER STAMP IN CLEAR AREA BELOW.
TO BE COMPLETED BY SCHOOL OR COLLEGE OF PHARMACY		
THE ABOVE NAMED APPLICANT IS ENROLLED IN THE		
NAME OF SCHOOL OR COLLEGE OF PHARMACY		
AND HAS COMPLETED THIRTY (30) HOURS OF COLLEGE CREDIT IN THE PHARMACY PROGRAM.		
SIGNATURE OF SCHOOL OR COLLEGE OFFICIAL		DATE
ADDRESS OF SCHOOL OR COLLEGE		

MO 419-1429 (10-87)



STATE OF MISSOURI
BOARD OF PHARMACY
INTERN EMPLOYMENT REPORT

Effective January 1, 1987, hours will not be credited if this form has not been submitted by the intern within the specified five (5) day period. This form should be used to report the beginning of employment with a pharmacy.

IMPORTANT: MAIL WITHIN FIVE (5) DAYS OF BEGINNING DATE OF EMPLOYMENT

TO: MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102

PLEASE TYPE OR PRINT USING BLACK INK

TO BE COMPLETED BY INTERN

NAME OF INTERN	TOTAL HOURS OF COLLEGE CREDIT TO DATE
----------------	---------------------------------------

ADDRESS OF INTERN (STREET, CITY, STATE, ZIP)

COLLEGE OF PHARMACY

TO BE COMPLETED BY PRECEPTOR

NAME OF PHARMACY	PERMIT NUMBER
------------------	---------------

ADDRESS (STREET, CITY, STATE, ZIP)

INTERN TRAINING CERTIFICATE NO.	EXPIRATION DATE	BEGINNING DATE OF EMPLOYMENT FOR INTERN
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SIGNATURE OF PRECEPTOR	LICENSE NUMBER
------------------------	----------------

SIGNATURE OF INTERN	INTERN REGISTRATION NO.
---------------------	-------------------------

- NOTE:**
1. In order to receive credit for hours worked, you must have completed thirty (30) hours of college coursework in an approved school of pharmacy.
 2. Credit for non-concurrent hours is limited to 40 hours per week.
 3. Credit for concurrent hours is limited to 10 per week, maximum credit of 500 toward the 1500 hour requirement.
 4. Intern training forms should be submitted on at least a yearly basis. Incomplete or incorrect forms will be returned to the intern for completion or correction.



**STATE OF MISSOURI
MISSOURI BOARD OF PHARMACY
INTERN'S EVALUATION OF INTERNSHIP PERIOD**

MAIL TO:
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MISSOURI 65102

NAME OF INTERN (LAST, FIRST, MIDDLE)			
NAME OF PRECEPTOR (LAST, FIRST, MIDDLE)			
PLACE OF INTERNSHIP (NAME OF PHARMACY, STREET, CITY/STATE, ZIP)			
THIS REPORT COVERS			
FROM		/	/
		/	/
		TO	
		/	/
		/	/
TOTAL INTERNSHIP COMPLETED TO DATE			
<input type="checkbox"/> INDICATE HERE IF THIS IS A FINAL REPORT ON THE INTERNSHIP TIME REQUIRED FOR LICENSURE.			
SOME TYPICAL TRAINING FUNCTIONS IN AN INTERNSHIP PROGRAM ARE LISTED BELOW. FOR THE TIME COVERED IN THIS REPORT ONLY, INDICATE THE EXTENT OF EXPOSURE BY CHECKING THE APPROPRIATE BOXES. 0=NONE; S=SLIGHT; E=EXTENSIVE			
O	S	E	
			SELLING NON-PRESCRIPTION DRUGS, VETERINARY DRUGS, HEALTH ACCESSORIES, FIRST AID AND SICK ROOM SUPPLIES.
			CONSULTATION WITH PATIENTS ABOUT USES AND CONTRAINDICATIONS IN THE SALE OF NON-PRESCRIPTION DRUGS.
			CONSULTATION WITH PATIENTS ABOUT USES AND CONTRAINDICATIONS IN THE SALE OF PRESCRIPTION DRUGS.
			ORDERING DRUGS FROM SUPPLIERS, RECEIVING, RECORD-KEEPING, STOCK CONTROL.
			ASSISTANCE IN BILLING.
			CONSULTATION WITH PHYSICIANS AND/OR PARAMEDICAL PERSONNEL TO PROVIDE DRUG INFORMATION
			OBSERVATION/ASSISTANCE WITH SECURITY MEASURES TAKEN IN THE PHARMACY.
			ASSISTANCE IN TAKING CONTROLLED SUBSTANCES INVENTORY.
			OBSERVATION IN PREPARATION OF DEA ORDER FORMS.
			COMPOUNDING AND DISPENSING PRESCRIPTIONS UNDER SUPERVISION OF PHARMACIST.
			ASSISTANCE IN UNIT-DOSE PROGRAM.
			ASSISTANCE IN IV ADMIXTURE PROGRAM.
			ASSISTANCE IN CONTROLLED SUBSTANCE RECORD-KEEPING.
			OBSERVATION/ASSISTANCE IN TAX-EXEMPT ALCOHOL RECORD-KEEPING AND REPORT IN HOSPITAL.
			ASSISTANCE IN SERVICE VISITS TO NURSING STATIONS IN HOSPITAL.
			ASSISTANCE IN SERVICE VISITS TO NURSING HOMES, EXTENDED CARE FACILITIES.
			ASSISTANCE IN CONSULTING PHARMACY ACTIVITIES LONG TERM CARE OR EXTENDED CARE FACILITIES.
			USE OF INDIVIDUAL PATIENT PROFILES.
			USE OF FAMILY PRESCRIPTION RECORD SYSTEM.
			PARTICIPATION IN DRUG USAGE EVALUATIONS, I.E., DRUG INTERACTIONS, ADVERSE DRUG REACTIONS, DRUG SELECTION AND DRUG DOSAGE.
			OTHER
INTERN'S COMMENTS ON THE SPECIFIC TRAINING FUNCTIONS RECEIVED ABOVE WITH REGARD TO THE QUALITY AND EXTENT OF THE TRAINING. (CONTINUE ON REVERSE SIDE AND INCLUDE YOUR SIGNATURE)			
<hr/> <hr/>			

MO 419-1431 (10-87)



(INTERN'S COMMENTS CONTINUED)

Lined area for writing intern comments.

I HEREBY CERTIFY THAT THE ABOVE EVALUATION REPORT OF INTERNSHIP TRAINING TO BE CORRECT STATEMENTS OF FACT.

SIGNATURE OF INTERN

DATE

