Print Form

Board of Pharmacy
301 South Park
P.O.Box 200513
Helena, MT 59620-0513
(406) 841-2355

RENEWAL APPLICATION

License No.

Name

Address

City State MT Zip Code

Your Mail Order Pharmacy license will lapse on November 30.

Please check the following licenses you wish to renew:

- ☐ Mail Order Pharmacy $400.00 (if postmarked after November 30th, $800.00)
- ☐ Dispenser of Dangerous Drugs $75.00 (if postmarked after November 30th, $150.00)

TO RENEW ONLINE GO TO: LicenseRenewal.mt.gov OR:

1) Complete the renewal application.
2) Answer the disciplinary question at the bottom of the form.
3) Submit a check or money order for the total of all the licenses you wish to renew. Make payable to the Board of Pharmacy. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
4) Renewals with a U.S. Postal Service postmark after November 30th will be assessed a penalty per the above schedules. NO EXCEPTIONS!
5) Pharmacist-In-Charge (PIC) must sign the completed renewal application.
6) Return the completed renewal application and fee to the Board office postmarked by November 30th.
7) A renewal returned to a licensee for any reason must be re-postmarked by November 30th to avoid paying the late fee.
8) Please contact the board office for address or name changes.

All licenses must be posted in a conspicuous place in the pharmacy for which it is issued.

Incomplete or unsigned renewal applications will not be processed and will be returned.

LEGISLATION PASSED IN THE 2005 SESSION PROVIDES THAT A LICENSEE HAS 45 DAYS TO RENEW HIS/HER LICENSE AFTER THE DEADLINE, BY PAYING BOTH THE RENEWAL FEE AND THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE NOVEMBER 30 DEADLINE MAY HAVE A COMPLAINT FILE OPENED, AND THE POSSIBILITY OF UNLICENSED PRACTICE WILL BE ADDRESSED BY THE BOARD THROUGH THE DISCIPLINARY PROCESS.

Yes ☐ **No** ☐ **Have any legal or disciplinary actions been instituted against this business or the pharmacist in charge of this business since initial licensure in Montana or since the license was renewed, whichever occurred latest?**
If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

By signing this application, I am declaring under penalty of perjury that my renewal application is true and complete and that I am aware that a false statement may lead to discipline against the license.

Pharmacist in Charge signature:_____ Date _____

_____
PLEASE PRINT NAME

DO NOT SEND CASH