

**MONTANA BOARD OF PHARMACY**  
**(301 S PARK, 4<sup>TH</sup> FLOOR, HELENA, MT 59601 - Delivery)**  
**P. O. Box 200513**  
**Helena, Montana 59620-0513**  
**(406) 841-2300 FAX (406) 841-2344**  
**E-MAIL: [dlibsdpaha@mt.gov](mailto:dlibsdpaha@mt.gov) WEBSITE: [pharmacy.mt.gov](http://pharmacy.mt.gov)**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Board has a complete routine application)

**A BUSINESS CANNOT OPERATE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA REGISTRATION**

**REGISTRATION REQUIREMENTS 24.174.1122 ARM OUTPATIENT CENTERS FOR SURGICAL SERVICES:**

- ◆ The Board shall annually register and inspect all outpatient centers for surgical services in Montana regardless of pharmacy status
- ◆ In an outpatient center for surgical services without an on-site pharmacy, drug distribution must be directed by a physician or consulting pharmacist licensed to practice in Montana and who is responsible for the security, storage, and distribution of drugs within the facility
- ◆ The physician director or consulting pharmacist shall provide for applicable policies and procedures according to ARM 24.174.1122(3)(a)(b)(c)(d)(e)(f)
- ◆ Ambulatory surgical centers that store and/or administer controlled substances shall register with the Board and with the DEA, and shall comply with all applicable state, local, and DEA regulations

**FEES:**           **\$75 (Non-Refundable) Application Fee**  
                      **\$75 (Non-Refundable) Registration Under the MT Dangerous Drug Act to Dispense**  
                      \*\*Make check or money order payable to the Montana Board of Pharmacy\*\*

**APPLICATION PROCEDURES:**

- ◆ When the application file is complete, it will be processed and considered by Board staff for registration. The applicant will be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action by any other board or jurisdiction. This is essential for timely processing of applications and subsequent licensure.

**PROCESSING PROCEDURES**

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a registration will be issued.

**For information with regard to the processing of this application or other concerns please contact the Board of Pharmacy staff email at [dlibsdpaha@mt.gov](mailto:dlibsdpaha@mt.gov) or visit the website at: [pharmacy.mt.gov](http://pharmacy.mt.gov)**

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES ON THE WEBSITE

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**Outpatient Surgical Center**

1. NAME \_\_\_\_\_
2. MAILING ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip
3. PHYSICAL ADDRESS \_\_\_\_\_  
City and State Zip  
EMAIL ADDRESS: \_\_\_\_\_
4. PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_
5. Tax ID NUMBER \_\_\_\_\_
6. PHARMACIST/PHYSICIAN-IN-CHARGE \_\_\_\_\_ MT LICENSE # \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_
7. Does the facility have policies and procedures in place to meet the requirements of ARM 24.174.1122(3)(a)(b)(c)(d)(e)(f)?  Yes  No
8. Has this business or the person in charge of this business who is listed on the application ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
9. Has this business or the person in charge of this business who is listed on the application ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
10. Has the person in charge of this business who is listed on this application ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
11. Has the person in charge of this business who is listed on this application ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation  Yes  No
12. Has the person in charge of this business who is listed on this application ever

requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

13. Has a licensing agency initiated or completed disciplinary action against this business or the person in charge of this business who is listed on this application? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  Yes  No

14. Has this business or the person in charge of this business who is listed on this application voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

15. Has a complaint ever been made against this business or person in charge of this business who is listed on this application with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

16. Has this business or the person in charge of this business who is listed on this application ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

17. Has this business or the person in charge of this business who is listed on this application ever been censured, expelled, denied membership or asked to resign from a professional organization related to the profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

18. Has this business or the person in charge of this business who is listed on this application ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding the ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

19. Does this business or the person in charge of this business who is listed on this application have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

20. Have any civil legal proceedings been filed against this business or the person in charge of this business who is listed on this application by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  Yes  No

21. Does this business or the person in charge of this business who is listed on the application ever been convicted of a misdemeanor or felony crime or have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If answered yes, a detailed explanation must be submitted on the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.  Yes  No

22. Has the person in charge of this business who is listed on this application ever

been diagnosed with chemical dependency or another addiction, or participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.  Yes  No

23. Has the person in charge of this business who is listed on this application ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.  Yes  No

24. Has the person in charge of this business who is listed on this application ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.  Yes  No

I authorize the release of information concerning any education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Pharmacy. I hereby declare that the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

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Signature of Applicant

Date

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**A BUSINESS CANNOT OPERATE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE**

**STATEMENT OF PHARMACIST/PHYSICIAN FORM**

**LICENSE REQUIREMENTS 24.174.1122 ARM OUTPATIENT CENTERS FOR SURGICAL SERVICES:**

- ◆ Complete the Outpatient Surgical Center application
- ◆ Submit the Statement of Pharmacist/Physician
- ◆ In an outpatient center for surgical services without an on-site pharmacy, drug distribution must be directed by a physician or consulting pharmacist licensed to practice in Montana and who is responsible for the security, storage, and distribution of drugs within the facility

**APPLICATION PROCEDURES:**

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent registration. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.

**PROCESSING PROCEDURES:**

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**STATEMENT OF PHARMACIST/PHYSICIAN**

For the purposes of satisfying the requirements of ARM 24.174.1122(2) the following agreement has been entered into and submitted to the Montana Board of Pharmacy:

Name of Facility \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The signature below indicates that the Pharmacist/Physician-in-Charge of the above named facility and will be the Pharmacist/Physician-in-Charge until the present license expires; that if the undersigned ceases to be Pharmacist/Physician-in-Charge prior to the expiration of the license, the undersigned will notify the Board of Pharmacy of such fact and failure to do so may be cause for suspension or revocation of Pharmacist's license; that the undersigned agrees fully and promptly to comply with the applicable federal laws, laws of the State of Montana, and the rules and regulations of the Board of Pharmacy governing this application, applicants business, and the sale of permitted drugs, pharmaceuticals, and commodities.

24.174.805 CHANGE OF PHARMACIST-IN-CHARGE (1) When the pharmacist-in-charge of a pharmacy leaves the employment of such pharmacy, the pharmacist will be held responsible for the proper notification to the board of such termination of services.

(2) Within 72 hours of termination of services of the pharmacist-in-charge, a new pharmacist-in-charge must be designated and an affidavit filed with the board. The license will then be updated to indicate the name of the new pharmacist-in-charge.

Signature \_\_\_\_\_

**\*Please retain a copy of this form in the pharmacy and send the original to the Board office\***

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**LICENSE REQUIREMENTS FOR MONTANA DANGEROUS DRUG ACT**  
**50-32-301 MCA**

**24.174.1401 Dangerous Drug Act**

- ◆ Complete an Outpatient Surgical Center application or Montana License Number if already licensed as an Outpatient Surgical Center and adding dispensing to license
- ◆ Complete the Dangerous Drug Act application if this facility will be dispensing/administering controlled substances

**FEE: \$75 – (Non-Refundable) - Dispense under the Montana Dangerous Drug Act**

**APPLICATION PROCEDURES:**

- ◆ When the application file is complete, it will be processed. The applicant may be notified if additional information is required.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

**PROCESSING PROCEDURES:**

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- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a permanent license will be issued.

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**APPLICATION FOR REGISTRATION UNDER THE MONTANA DANGEROUS DRUG ACT**

Dispense/Administer

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License Number if already licensed as an Outpatient Surgical Center \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA Registration Number: \_\_\_\_\_ Federal Tax I.D. Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of applicant or authorized individual)

Title \_\_\_\_\_