

**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: dlibsdp@mt.gov WEBSITE: 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 LICENSE**

**LICENSE REQUIREMENTS FOR INSTITUTIONAL PHARMACIES 24.174.1101-1115 ARM:**

- ◆ Prior to conducting business, a pharmacy must secure a license and be registered with the Board
- ◆ Each institutional pharmacy must be directed by a pharmacist-in-charge who is licensed to engage in the practice of pharmacy in the state of Montana and who is responsible for the storage, compounding, repackaging, dispensing and distribution of drugs within the facility. Depending upon the needs of the facility, pharmacy services may be provided on a full or part-time basis, with a mechanism for emergency service provided at all times. Contractual providers of pharmacy services shall meet the same requirements as pharmacies located within the institution.
- ◆ The license registers the pharmacy to which it is issued and is not transferable. It is issued on the application of the registered pharmacist-in-charge, and which contains the sworn statement that the pharmacy will be operated in accordance with the provisions of the law
- ◆ To operate, maintain, open or establish more than one pharmacy, separate applications shall be made and separate licenses issued for each
- ◆ Upon closure of an institutional pharmacy, the original license becomes void and must be surrendered to the Board within ten days
- ◆ Registered pharmacy technicians or technicians-in-training may be utilized pursuant to the written policies and procedures of the institution pharmacy. Exemptions to established ratios as defined in ARM 24.174.711 may be granted with Board approval.

**FEES: \$400 – (Non-Refundable) - Application Fee**

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

**\$200 – (Non-Refundable) – Pharmacy Technician Utilization Plan**

**\*\*Make check or money order payable to the Montana Board of Pharmacy\*\***

**DOCUMENTS:** The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application.

- ◆ A schematic drawing (floor plan) and security of the pharmacy area

**ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE:**

- ◆ Complete the Dangerous Drug Act application if this pharmacy will be dispensing controlled substances
- ◆ Complete the Technician Utilization Plan application if pharmacy technicians will be employed in this facility
- ◆ Complete the Pharmacist-in-Charge form
- ◆ Complete the Pharmacist-in-Charge Non-Owner Pharmacist Agreement form if applicable

**APPLICATION PROCEDURES:**

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent licensure. 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.
- ◆ 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:**

- ◆ 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 permanent license will be issued.

**ADDITIONAL LAW AND RULE INFORMATION:**

- ◆ The pharmacist-in-charge shall establish written policies and procedures for the safe and efficient distribution of drugs and provision of pharmaceutical care, including the mechanism by which drug review will be accomplished and documented. A current copy of such procedures must be on hand for inspection by the Board of Pharmacy.

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

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

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**Institutional Pharmacy**

1. NAME \_\_\_\_\_

2. MAILING ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

3. PHYSICAL ADDRESS \_\_\_\_\_  
City and State Zip

EMAIL ADDRESS \_\_\_\_\_

4. TELEPHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

5. Tax ID NUMBER \_\_\_\_\_

6. PHARMACIST-IN-CHARGE \_\_\_\_\_ MT LICENSE # \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

7. PLEASE LIST LICENSE NUMBER AND NAME OF BUSINESS IF PREVIOUSLY LICENSED IN MONTANA AND APPROXIMATE DATE OF CLOSURE FOR THIS LICENSE  
\_\_\_\_\_

REASON FOR CLOSURE:

Location  Ownership  Other \_\_\_\_\_

8. DESCRIBE THE SCOPE AND TYPE OF SERVICES TO BE PROVIDED BY THIS PHARMACY  
\_\_\_\_\_  
\_\_\_\_\_

9. PLEASE CHECK THE TYPE OF OWNERSHIP OR OPERATION AND ATTACH THE REQUIRED INFORMATION  
 Sole Proprietor  Partnership  Corporation  Other \_\_\_\_\_

10. 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

11. 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

12. 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

13. 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 from the source.  Yes  No

14. 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

15. 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

16. 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

17. 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

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 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

19. 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

20. 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

21. 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

22. Have any civil legal proceedings been filed against this business

INSTITUTIONAL CERTIFIED PHARMACY  
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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

23. 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

24. 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

25. 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

26. 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 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**PHARMACIST-IN-CHARGE FORM**

**LICENSE REQUIREMENTS 24.174.1101(1) ARM PHARMACIES:**

- ◆ Complete the Institutional Pharmacy application
- ◆ Submit the Pharmacist-in-Charge form and the Non-Pharmacist-Owner Agreement if owner of pharmacy is different than Pharmacist-in-Charge

**ADDITIONAL RULE:**

- ◆ 24.174.805 Change of Pharmacist-in-Charge  
When the pharmacist-in-charge of a pharmacy ceases to be the pharmacist-in-charge, the pharmacist will be held responsible for notifying the Board in writing of such termination of services
- ◆ Within 72 hours of termination of services of the pharmacist-in-charge, a new pharmacist-in-charge must be designated in writing on the appropriate Board approved form and filed with the Board

**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.
- ◆ 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:**

- ◆ 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 permanent registration will be issued.

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

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**STATEMENT OF PHARMACIST-IN-CHARGE**

For the purposes of satisfying the requirements of ARM 24.174.1104, the following agreement has been entered into and submitted to the Montana Board of Pharmacy:

Name of Pharmacy \_\_\_\_\_ License # \_\_\_\_\_

Address of Pharmacy \_\_\_\_\_

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

Owner of Pharmacy \_\_\_\_\_

(Please complete "Non-Pharmacist-Owner agreement if owner of pharmacy is different than P.I.C.)

The signature below indicates that the Pharmacist-in-Charge of the above named Pharmacy and will be the Pharmacist-in-Charge until the present license expires; that if the undersigned ceases to be Pharmacist-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 Pharmacists 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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**PHARMACIST-IN-CHARGE AGREEMENT**  
**(NON-PHARMACIST OWNER)**

For purposes of satisfying the intent of 24.174.1104 ARM, the following agreement has been entered into and submitted to Montana Board of Pharmacy, PO Box 200513, Helena, MT 59620-0513:

I, \_\_\_\_\_, duly designated agent for the \_\_\_\_\_ (owner/corporation) do hereby vest exclusive authority in \_\_\_\_\_, a licensed pharmacist in the State of Montana, and Pharmacist-in-Charge for the \_\_\_\_\_ pharmacy, certified pharmacy license number \_\_\_\_\_ to perform as follows:

That \_\_\_\_\_, R.Ph., license number \_\_\_\_\_, shall have exclusive authority to make and implement any decision which may directly or indirectly involve compliance with any of the provisions of Title 37, Chapter 7, Montana Code Annotated and Chapter 174 of the Administrative Rules of Montana. That the parties hereto expressly agree and understand that in no event shall any person or persons, by virtue of his or their position in the corporation or for any other reason, substitute his or their judgment for that of the pharmacist-in-charge on matters involving the aforementioned compliance; that the parties further agree and understand that the continued right of the corporation to own and operate this pharmacy is contingent upon the existence and implementation of this agreement; and that the corporation agrees and understands that at such time as a new pharmacist-in-charge is designated, that a new agreement must be executed with that person and submitted to the Montana Board of Pharmacy.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Agent for the Corporation

\_\_\_\_\_  
Pharmacist-in-Charge

\*Please retain a copy of this form 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 a Certified Pharmacy Institutional application or Montana License Number if already licensed as a Certified Pharmacy and adding dispensing to license
- ◆ Complete the Dangerous Drug Act application if this pharmacy will be dispensing 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**

- ◆ 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 permanent license will be issued.

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

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

Dispense

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

Authorized Individual: \_\_\_\_\_

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

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

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

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

Montana License Number if already licensed and adding dispensing to license \_\_\_\_\_

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

Title \_\_\_\_\_

**NOTE:**

The application for DEA Number may be obtained at [www.dea.gov](http://www.dea.gov)  
DEA will be notified when a Montana Pharmacy license has been issued

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### **PHARMACY TECHNICIAN UTILIZATION PLAN**

#### **LICENSE REQUIREMENTS:**

- ◆ Complete an Institutional Pharmacy application or Montana license number if already licensed
- ◆ Summary of the utilization plan to include requirements set forth in 24.174.712 ARM; and 37-7-307, 37-7-308 and 37-7-309, MCA:
  - Name and qualifications of the supervising pharmacist(s)
  - Nature and location of the supervising pharmacist's pharmacy practice
  - Summary of the tasks delegated by the pharmacist and the methods by which a supervising pharmacist may verify and document the tasks. "Verify" means the personal confirmation by a supervising pharmacist of the correctness of the tasks undertaken by the pharmacy technician.

#### **FEES \$200 (Non-Refundable)–Application Fee**

\*\*Make check or money order payable to the Montana Board of Pharmacy\*\*

#### **DOCUMENTS**

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application:

- ◆ Copy of the Technician Utilization Plan

#### **APPLICATION PROCEDURES**

- ◆ When the application file is complete, it will be processed and considered by Board staff for approval. 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.
- ◆ 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**

- ◆ Once a routine application is complete, the application takes up to 5 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.

#### **ADDITIONAL STATUTE AND RULE INFORMATION**

- ◆ Keep on file in the pharmacy a copy of the utilization plan for inspection by the Board
- ◆ Annual review of the utilization plan and provide documentation to the Board that the plan accurately reflects the current use of the services of a pharmacy technician or auxiliary

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

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Pharmacy Technician Utilization Plan

PHARMACY NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

**ATTACH A COPY OF THE PHARMACY'S TECHNICIAN UTILIZATION PLAN**

**SUPERVISING PHARMACIST(S)**

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

**PHARMACY TECHNICIAN(S) EMPLOYED IN THE PHARMACY**

Name: \_\_\_\_\_ MT License # \_\_\_\_\_

INSTITUTIONAL CERTIFIED PHARMACY

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I (we) do solemnly swear and affirm that I (we) have read and understood the Montana Pharmacy Technician Utilization Plan statutes and rules and that all statements made in this application for approval are true and correct in all respects.

**SIGNATURE(S) OF SUPERVISING PHARMACIST(S)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You must submit any amendments to this plan to the Montana Board of Pharmacy office in writing within 10 days of the changes.

I authorize the release of information concerning my 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 under penalty of perjury the information included in my 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_