Board of Pharmacy
301 South Park
P.O. Box 200513
Helena, MT 59620-0513
(406) 444-6880
dlibsdpha@mt.gov

RENEWAL APPLICATION

License No. _____

☐ Check for New Email _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Your **MONTANA WHOLESALE DRUG DISTRIBUTOR** license will expire on November 30, 2016.

TO COMPLY WITH ARM 24.174.404 AND 24.101.301 – ABATEMENT OF RENEWAL FEES, THE BOARD OF PHARMACY WILL REDUCE RENEWAL FEES BY 50% DURING THE REGULAR 2016 RENEWAL PERIOD AS INDICATED BELOW. LATE FEES WILL APPLY FOR THOSE RENEWING AFTER NOVEMBER 30, 2016. LATE FEES ARE 100% OF THE RENEWAL FEE.

Please check the following licenses you wish to renew:

- ☐ Wholesale Drug Distributor $200.00 (if postmarked after November 30, $400.00)
- ☐ Dangerous Drug Distributor $100.00 (if postmarked after November 30, $200.00)
- ☐ Dangerous Drug Manufacturer $100.00 (if postmarked after November 30, $200.00)
- ☐ Medical Gas Supplier $75.00 (if postmarked after November 30, $150.00)
- ☐ Medical Gas Distributor $75.00 (if postmarked after November 30, $150.00)

TO RENEW ONLINE GO TO: https://ebiz.mt.gov/pol 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 30 will be assessed a penalty per the above schedules. NO EXCEPTIONS!
5) Pharmacist/Person-In-Charge (PIC) must sign the completed renewal application.
6) Return the completed renewal application and fee to the Board office postmarked by November 30.
7) A renewal returned to a licensee for any reason must be re-postmarked by November 30 to avoid paying the late fee.
8) Please contact the Board office for address or name changes.

This business may not operate in Montana after November 30 until this license has been renewed.
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.

IDENTIFICATION OF PHARMACIST/PERSON-IN-CHARGE

It is required by 24.174.801(1)(b) ARM, 24.174.1003(1) ARM, or 24.174.1202(1)(c) ARM that a business identify the pharmacist/person-in-charge

○ YES ○ NO Has the Pharmacist/Person-in-Charge changed since the last renewal?

If YES, you may not renew this license until the Pharmacist/Person-in-Charge is correct. Please contact the Board office at 406-841-2356 or 406-841-2300 to update this information. You may continue to renew the license once this information is correct.

○ YES ○ NO HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, 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.

PIC Signature: _____ Date: _____

Please Print Name: _____ Phone # _____

DO NOT SEND CASH