

**Wyoming State Board of Pharmacy
1712 Carey Avenue, Suite 200
Cheyenne, WY 82002**

**Phone: (307) 634-9636 Fax: (307) 634-6335
Email: BOP@wyo.gov**

PHARMACIST LICENSE RENEWAL
for the annual period of January 1st to December 31st

If postmarked on or before December 31 st .	Renewal Fee is \$100.00
If postmarked after December 31st.	Renewal Fee is \$175.00 (\$75.00 late fee)

First Name _____ Last Name _____ License Number _____

Address _____ City _____ State _____ Zip Code _____

Employer Name (if applicable) _____

Employer Address _____ City _____ State _____ Zip Code _____

Are you: Retired Not currently working as a pharmacist

CONTINUING EDUCATION

To maintain an active license, you must report annually twelve (12) contact hours of continuing education. **An active license is required to practice in Wyoming.**

I have completed _____ contact hours of continuing education from an approved provider per Chapter 6, Section 3(a), Wyoming Pharmacy Act, Rules and Regulations. Furthermore, I certify all contact hours or CEU's were obtained during the time period of January 1st and December 31st of this year. I understand my continuing education records may be subject to a random audit next year, at which time, upon request, I will need to provide certificates to the Board or a record from my CPE profile with NABP.

By checking this box, I am requesting my license be placed on INACTIVE status, and I will not practice pharmacy in Wyoming while it is inactive. Submission of CE is not required to maintain an inactive license, but you must pay the full renewal fee. To have an inactive license be placed in active status, you will be required to submit CE certificates for those years of inactive status (maximum of five years).

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS

1. Please provide a listing of active/inactive pharmacist licensure you currently hold in other states.

2. Since the date of signing my last renewal application for the last license year to practice in Wyoming:

- a. I have _____ I have not _____ had my license to practice pharmacy suspended, revoked, surrendered or otherwise subjected to discipline for violation of pharmacy or drug laws in any state.
- b. I have _____ I have not _____ been charged, arrested, or convicted of a felony or misdemeanor, other than a minor traffic violation in any state
- c. I have _____ I have not _____ been addicted to the use of drugs or alcohol with the result that my ability to practice pharmacy has been impaired. If you have a current monitoring contract with W.P.A.P. , you may answer, "I have not".
- d. I have _____ I have not _____ had a malpractice suit filed against myself or had a claim for damages been settled or awarded against myself resulting from my practice of pharmacy.

Attach a detailed explanation for each question answered "I have", including a personal statement, copies of charging documents, court orders, board orders, or copies of any other pertinent documents.

I would also like to renew my Preceptor license for an additional \$10. Yes No

If you would like to begin as a preceptor, please call our office for a new application. All preceptor licenses expire on December 31st of each year.

I would like to renew my immunization license for an addition \$10. Yes No

If you would like to begin as an immunizer, please call our office for a new application. All immunization licenses expire on December 31st of each year.

Date of last certification in basic CPR: _____

Date certification expires _____ American Red Cross American Heart Association

I hereby attest to the fact that the information on this form, as well as the information on any attachment(s) to this form, is true and correct and I hereby request renewal of my Wyoming pharmacist license.

Signature

Date

Date received _____ Check number _____ Amount paid _____ Date mailed _____