

**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN #C-04
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4292**



**CONSULTANT PHARMACIST APPLICATION AND
INFORMATION**

December 2015



Dear Florida Consultant Pharmacist Applicant,

Thank you for applying for licensure as a Consultant Pharmacist in the State of Florida. The information in this packet has been designed to provide the essential information required to process your application in a timely manner. Your assistance in providing all required information will enable the Florida Board of Pharmacy (the board) staff to process your application as soon as possible. You are encouraged to apply as early as possible, to avoid delays due to a large volume of applicants.

You should use the enclosed checklist to ensure that all sections of the application are complete and that the required documentation is submitted. Please read these instructions carefully and fully before submitting the application. You should keep a copy of the completed application and all other materials sent to the board office for your records. When you mail the completed application and fees, use the address noted in the instructions and on the application form.

When your application arrives, your fees will be deposited and verified before the staff review can begin. You will receive a letter acknowledging receipt of your application. You can now follow the progress of your application through our website at: <http://ww2.doh.state.fl.us/mqaservices/login.asp>. You will receive a letter, which provides your user id and password, acknowledging receipt of your application. The staff will notify you within 7-14 days if any materials are incomplete.

If you need to communicate with the board staff, you are encouraged to email the board staff at info@floridaspharmacy.gov, or you may call us at (850) 245-4292. Our staff is committed to providing prompt and reliable information to our customers. Many procedures have been streamlined to expedite the processing of applications; we certainly welcome your comments on how our services may be improved.

Sincerely,

The Board of Pharmacy

General Information

Requirements for Florida Consultant Pharmacist Licensure

To become licensed as a Consultant Pharmacist, an applicant must meet the following requirements.

- 1) Must hold a Florida pharmacist license that is active and in good standing.
- 2) Must successfully complete a board approved consultant pharmacist course of no fewer than 12 hours, sponsored by an accredited college of pharmacy, located within the State of Florida.
- 3) Must successfully complete a period of assessment and evaluation of 40 hours over no more than three (3) consecutive months within one year of completion of the course, pursuant to Rule 64B16-26.300(3)(c), Florida Administrative Code.

Application Processing

Please read all application instructions before completing your application.

Within 7-14 days of receipt of your application and fees, the board office will notify you of the receipt of your application and your status. If your application is complete, you will be issued a license within 7-14 days. If your application is incomplete, you will be notified in writing of the missing documents required to complete your application.

APPLICATION REQUIREMENTS FOR FLORIDA CONSULTANT PHARMACIST LICENSURE

**Please submit the following to the Florida Board of Pharmacy:
P.O. Box 6320, Tallahassee, FL 32314-6320**

ITEM #1 – Social Security Form: Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by federal statute. **In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(12), 409.2577, and 409.2598, Florida Statutes (F.S.).** Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317. **Please attach to Item #2 (Consultant Pharmacist Application).**

ITEM #2 – Consultant Pharmacist Application: All sections must be completed in full. If an item is not applicable, indicate with N/A. N/A is not an acceptable answer for yes or no questions and could result in a delay of processing. Failure to submit a complete application will result in a processing delay. If you provide false information, the board *may* deny your application for licensure. **Please attach a check payable to THE FLORIDA DEPARTMENT OF HEALTH in the amount of \$55.00.**

ITEM #3 – Preceptor Evaluation Form: Upon completion of the period of assessment and evaluation of 40 hours, the preceptor who supervised you must complete and sign this form, affirming that you have met the requirement.

APPLICATION CHECKLIST

Keep a copy of the completed application for your records.

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to attach any required document, or to have required documentation to the board, will result in an incomplete application. **Final approval cannot be granted until the application is complete.** Faxed applications will not be accepted.

- _____ **Social Security Form (Item #1) – Attach to Item #2**
- _____ **Consultant Pharmacist Application (Item #2)**
- _____ **Check made payable to the FLORIDA DEPARTMENT OF HEALTH in the amount of \$55.00.**
- _____ **Preceptor Evaluation Form (Item #3)**
- _____ **Proof of Eligibility – Copy of initial course certificate for the consultant pharmacist course.**



CONFIDENTIAL AND EXEMPT FROM PUBLIC
RECORDS DISCLOSURE*

Florida Department of Health
Board of Pharmacy

Name: _____
 Last First Middle

Social Security Number: _____

* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Mission Statement: *To protect, promote and improve the health of all people in Florida through integrated state, county, & community efforts.*

4052 Bald Cypress Way, Bin # C04
Tallahassee, Florida 32399-3254
Phone: (850) 245-4292 Fax: (850) 413-6982
Website: www.floridaspharmacy.gov



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ITEM #2 – CONSULTANT PHARMACIST APPLICATION
FEE: \$55.00

Section 465.019(5), *Florida Statutes*, requires that all Institutional Pharmacies shall be under the professional supervision of a Consultant Pharmacist. All Consultant Pharmacist licenses must be obtained in accordance with *Florida Statutes* and the provisions of Rule 64B16-26.300, Florida Administrative Code.

Please print or type legibly.

1. Biographical Data				
Last Name		First Name		Middle Name
Mailing Address			City	State Zip
Home Phone Number		Business Phone Number		Date of Birth
<p>CORRESPONDENCE VIA E-MAIL? YES _____ NO _____ By checking "yes", you agree to allow the board office to contact you with information regarding your application via e-mail. Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.</p>				
E-MAIL ADDRESS:		Please print legibly.		
<p>2. Equal Opportunity Data – We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38295 (August 25, 1978). The information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.</p>				
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female				
RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other				
<p>3. Do you have a Florida Pharmacist (PS) license active and in good standing? If yes, what is the license number?</p>				
Yes _____		No _____		Florida License Number: PS _____
<p>4. Have you ever held a Consultant License in Florida? If yes, what was the license number?</p>				
Yes _____		No _____		Florida License Number: PU _____
<p>The information contained herein is true and correct to the best of my knowledge, and am aware that my Pharmacist Consultant registration certificate may be suspended or revoked if I violate any pharmacy law, rule or regulation, and the Florida Board of Pharmacy Code of Conduct, and hereby affix my signature as acknowledgement and agreement of such terms.</p>				
_____ Applicant Signature			_____ Date	



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ITEM #3 – PRECEPTOR EVALUATION FORM

Please print or type legibly.

1. Applicant Information				
Last Name		First Name		Middle Initial
Mailing Address		City		State Zip Code
Home Phone Number			Business Phone Number	
2. Consultant Pharmacist (Preceptor) Information				
Last Name		First Name		Middle Initial
Mailing Address		City		State Zip
Home Phone			Work Phone	
3. Preceptor's Florida License Numbers				
Pharmacist License: PS _____				
Consultant Pharmacist License: PU _____				
4. Certification of Assessment and Evaluation				

The applicant above completed a minimum of 40 hours of assessment and evaluation under my supervision, which began on ___/___/___ and ended on ___/___/___ and the training included the following as mandated by Rule 64B16-26.300(3)(c), Florida Administrative Code.

- 1) Regimen review, documentation, and communication (24 hours).
- 2) Facility review (8 hours).
- 3) Committees and Reports (2 hours).
- 4) Policy and Procedures (2 hours).
- 5) Principles of Formulary Management (2 hours).
- 6) Professional relationships (2 hours)

Preceptor Name (Printed)

Date

Preceptor Signature

Preceptor License Number