



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
DRUG DISTRIBUTOR
MANAGER-IN-CHARGE CHANGE
APPLICATION

MAILING ADDRESS:
 MISSOURI BOARD OF PHARMACY
 P.O. BOX 625
 JEFFERSON CITY, MO 65102
 (573) 751-0091

DELIVERY ADDRESS:
 3605 MISSOURI BLVD
 JEFFERSON CITY, MO 65109

1. This application must be completed in its entirety, signed and notarized. Incomplete applications will be rejected. 2. \$ 50.00 APPLICATION FEE MUST BE SUBMITTED WITH THIS FORM. Checks or money orders must be <u>signed</u> and made payable to: Missouri Board of Pharmacy. FEES ARE NON-REFUNDABLE 3. The designated MIC must complete a criminal history background check (see instructions below) 4. The attached Manager-in-Charge Statement must be submitted. 5. KEEP A COPY OF COMPLETED APPLICATION FOR YOUR RECORDS 6. Questions regarding this form should be submitted to: pharmacy@pr.mo.gov or (573) 751-0091.	FOR OFFICE USE ONLY	
	LICENSE REQUESTED	LICENSE MAILED
	INSPECTOR	

EFFECTIVE DATE OF CHANGE

NAME OF FACILITY	FACILITY LICENSE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP)	FACILITY TELEPHONE #
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FORMER MANAGER-IN-CHARGE

NEW MANAGER-IN-CHARGE	DATE OF BIRTH	SSN	R.Ph. LICENSE NUMBER (IF APPLICABLE)
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MANAGER-IN-CHARGE E-MAIL ADDRESS	CONTACT PHONE #	MISSOURI RPh LICENSE # (if applicable)
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NEW MANAGER-IN-CHARGE (MIC) EMPLOYMENT HISTORY. Provide MIC employment information for the past five (5) years or attach a resume showing the designated MIC has a minimum of two (2) years experience within a drug wholesale/pharmacy distributor facility, or with standards of operation and knowledge of laws concerning drug distributor compliance, requirements, or work environment. Education beyond a high school diploma/equivalency certificate may be used to meet these minimum requirements (see 20 CSR 2220-5.030(2))

COMPANY NAME	CITY/STATE	JOB TITLE/POSITION HELD	DATES

SECTION B: CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS AND STATUS

Answer all questions in this section. If you answer “yes” to any question, a detailed written explanation must be included with your application (*attach additional sheets if necessary*). Failure to include an explanation or to answer all of the questions **will result in your application being rejected.** If you are in doubt, answer “yes” and provide an explanation.

- **SUSPENDED IMPOSITION OF SENTENCE/SUSPENDED EXECUTION OF SENTENCE:** You are required to answer “yes” to the criminal history questions and to provide an explanation even if a Suspended Imposition of Sentence (“SIS”) or Suspended Execution of Sentence (“SES”) has been received. An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. **You must answer “yes” even if you received a SIS or a SES.**
- If you answer “yes” to any of the criminal history questions, you must provide court documents that show the dates, charges and dispositions of your arrests/convictions. This typically includes copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case.
- *338.185, RSMo, provides: “After August 28, 1990, notwithstanding any other provisions of law, the board of pharmacy shall have access to records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed.”*

1. Has the designated Manager-In-Charge ever been found guilty or entered a plea of guilty or nolo contendere to a felony or misdemeanor in Missouri or in any other state, country or court (including federal court)? YES NO
2. Does the designated Manager-In-Charge currently have any felony or misdemeanor criminal charges pending against them in Missouri or in any other state, country or court (including federal court)? YES NO
3. Has the designated Manager-In-Charge ever received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri or in any other state, country or court (including federal court)? YES NO
4. Has the designated Manager-In-Charge ever been, or is now, addicted to any drugs, controlled substances or alcoholic beverages? YES NO
5. Has the designated Manager-In-Charge ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor, third-party logistics provider or any other healthcare registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? (*If yes, copies of any denial/refusal/disciplinary documents must be provided*) YES NO
6. Has the designated Manager-In-Charge ever had any controlled substance registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? (*If yes, copies of any denial/refusal/disciplinary documents must be provided*) YES NO
7. Has the designated Manager-In-Charge ever been adjudged insane or incompetent by or in any state, court or country? YES NO

APPLICATION CONTACT PERSON

Please provide a contact person for questions from the Board office regarding this license application.

CONTACT NAME		POSITION/TITLE		
CONTACT MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
CONTACT TELEPHONE #		CONTACT FAX #		
CONTACT E-MAIL ADDRESS				

APPLICANT AFFIDAVIT

This affidavit must be signed by a partner, corporate officer, a sole proprietor or the Manager-in-Charge named in this application. Alternatively, the application may be signed by a person with a designated power of attorney who is authorized to sign and submit this application on the applicant's behalf. Proof of the designated power of attorney must be submitted with this application.

This application is hereby submitted on behalf of the third-party logistics (Drug Distributor) facility identified herein. I attest the foregoing application has been completed truthfully and accurately to the best of my knowledge and belief. I am making this affidavit knowing that any false statements or material omission may subject me or the entity identified herein to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that the applicant/Drug Distributor must comply with all applicable federal and state law(s) as well as the regulations of the Missouri Board of Pharmacy. I attest and understand that the Drug Distributor shall maintain a Manager-in-Charge for the facility and Drug Distributor activities shall be conducted and operated in full compliance with state and federal laws and regulations. I hereby certify under penalty of perjury that the information and answers contained in this application and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

TITLE

PRINT NAME

DATE

*****A MANAGER-IN-CHARGE STATEMENT MUST BE SUBMITTED WITH THIS APPLICATION.
SEE INCLUDED FINGERPRINT INSTRUCTIONS*****

MISSOURI MANAGER-IN-CHARGE (MIC) STATEMENT

(Must be completed by the designated Manager-in-Charge)

LICENSEE/FACILITY NAME				
FACILITY ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
DESIGNATED MANAGER-IN-CHARGE NAME			DESIGNATED MANAGER-IN-CHARGE PHONE #	
DESIGNATED MANAGER-IN-CHARGE E-MAIL ADDRESS				

ATTESTATION

I _____ do solemnly swear or affirm that:

- | | |
|--|------------------------------|
| 1. I agree that I will serve as the Manager-in-Charge of the Drug Distributor (Drug Distributor) identified in this application. | <input type="checkbox"/> YES |
| 2. I agree that I meet the Manager-in-Charge experience requirements as identified in 20 CSR 2220-5.030(2). | <input type="checkbox"/> YES |
| 3. I understand that the Drug Distributor license will be issued to the applicant with my name appearing as Manager-in-Charge. | <input type="checkbox"/> YES |
| 4. I understand that I am personally responsible for ensuring the Drug Distributor's compliance with all applicable state and federal law governing controlled substances and Drug Distributor activity. | <input type="checkbox"/> YES |
| 5. I understand and agree that as Manager-in-Charge, <u>I must be physically present at the Drug Distributor facility during normal business hours</u> , except for absences due to illness, scheduled vacations or other authorized absences. | <input type="checkbox"/> YES |
| 6. If my designation as Manager-in-Charge is ended/changed for any reason, I will immediately notify the Missouri Board of Pharmacy. | <input type="checkbox"/> YES |

All this I affirm under penalty of perjury.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

SIGNATURE OF PROPOSED MANAGER-IN-CHARGE	PHARMACIST LICENSE # (IF APPLICABLE)	
PRINT NAME	DATE SIGNED	
NOTARY PUBLIC EMBOSSEY OF BLACK INK RUBBER SEAL STAMP	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ _____ DAY OF _____ YEAR _____	

MANAGER-IN-CHARGE FINGERPRINT INSTRUCTIONS

The designated Manager-in-Charge must submit fingerprints and undergo a criminal history background check via the state of Missouri's approved vendor. Fingerprinting must be conducted by IdentoGO® the Board's approved fingerprinting vendor. Complete the following steps to be fingerprinted:

1. Register to be fingerprinted on the Missouri Automated Criminal History Site (MACHS) website at www.machs.mo.gov or call 844-543-9712. **To register, you must provide the fingerprint vendor "Registration Number: 0003.** Contact IdentoGO® directly. The Board cannot schedule or assist with fingerprint appointments.
2. Find a fingerprint location by clicking on "Search for a Fingerprint Location Near You" on the MACHS website at www.machs.mo.gov or by calling 844-543-9712. Once a preferred location is designated, you will see the location address and hours of operation. IdentoGO® locations are located throughout the United States. Applicants must visit the MACHS website or call the fingerprinting vendor to find a location site. The Board does not maintain location site addresses or hours of operation.
3. IdentoGo® will assess a fingerprinting fee when your fingerprints are taken that must be paid online or in person at the fingerprint site. After you are registered, you will be given a "TCN" number from MACHS online or over the phone. Take your TCN number and a valid government issued ID with you to the fingerprint location. You WILL experience a longer wait at the fingerprint location if you do not register online or do not have your TCN number.
4. You will be given a fingerprint receipt after fingerprinting is complete. Retain a copy of your receipt for reference purposes.
5. Please 2-3 weeks for MACHS to release your electronic criminal history background reports to the Board office. Longer delays may be experienced depending on MSHP/FBI processing volume.

► ***Out-of-State Applicants:*** IdentoGO has multiple electronic printing locations throughout the United States. Visit the MACHS website to find a location near you: www.machs.mo.gov. A manual fingerprint card must be submitted to IdentoGO®, if you are outside of the country or do not have an IdentoGo® location near you. To complete fingerprinting, first register with MACHS as indicated above and make payment online. You will then need to go to a law enforcement agency and complete two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. Mail your cards and signed pre-enrollment confirmation page to:

**IdentoGO
Missouri Cardscan Operations
100 Salem Court
Tallahassee, FL 32301**

Fingerprint cards ***should not*** be mailed to the Board. Mailed fingerprint cards take longer to process; **Expect longer processing times.**

Missouri Procedures for Out-of-State Applicant Fingerprint Cards

Out-of-State applicants should go to https://www.identogo.com/uploads/general/UEP_MO_card_scan_instructions.pdf for instructions

Also go to www.machs.mo.gov to register for the criminal history background check. You must provide Identogo **“Registration Number: 0003.”** Please write the TCN number provided during online registration on the back of both fingerprint cards. For more information about fees please visit www.machs.mo.gov for a complete fee schedule.

All fingerprint cards should contain the mandatory demographic information listed below. If any of the below fields are left blank the fingerprint card will not be able to be processed and a rejection notice will be mailed back to the applicant. Mandatory Information that must be included on the fingerprint card:

First Name	Height
Last Name	Weight
Street Address	Hair Color
City	Eye Color
State	Race (Black, White, Hispanic, Indian, Asian, Other)
Zip Code	Place of Birth
Date of Birth	Citizenship
Sex (Male or Female)	Social Security Number (if a US Citizen)

The Missouri Board of **Pharmacy’s Registration Number: 0003** must be notated in the upper right hand corner of the fingerprint card. Failure to include this information on the fingerprint card will result in an incorrect type of background check being done. Additional fees may be accessed if a correction is later needed.

Sample Registration #

Only include "Volunteer" if the background check is being conducted for a position as a volunteer.

Fingerprint cards and signed pre-enrollment page should be mailed to:

**IdentoGO
Missouri Cardscan Operations
100 Salem Court Way
Tallahassee, FL 32301**

Questions about this process may be directed to Identogo at 844-543-9712 or to The Missouri State Highway Patrol at 573-526-6312

Important Notice Concerning Your Fingerprint-based Background Check

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you must understand that by mailing your fingerprints to the Missouri State Highway Patrol or to Identogo, the Missouri Fingerprint Services vendor, you hereby agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI).
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in MSHP and/or FBI files. Such data will be subject to comparisons against other submissions received by the MSHP and/or the FBI and to further disseminations by the MSHP or the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)) or Missouri Revised Statutes.
- Any future updates made to your arrest record may also be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

Questions about this notice may be directed to the Missouri State Highway Patrol Criminal Justice Information Services Division at 573-526-6153 or machs@mshp.dps.mo.gov

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy.

- Officials must provide to the applicant written notice¹ that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- Officials should not deny the job, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.²

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

¹ Written notification includes electronic notification, but excludes oral notification.

² See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

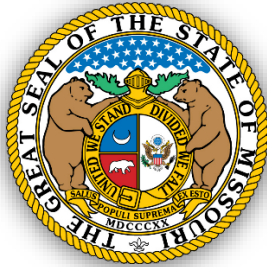
If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



The State of Missouri is grateful to all service members, Veterans, and their families. Words cannot convey Missouri's appreciation for your dedication and sacrifice. We truly appreciate everything you do for our country and the great state of Missouri.

For your convenience, we have put together a few services and resources available to the military-connected community in Missouri.

Missouri Benefits and Resource Portal

The Missouri Veterans Commission has created a portal to serve as an informational tool and service guide to help service members, Veterans, and their families find benefits and local resources.

www.veteranbenefits.mo.gov

573-522-4061

U.S. Department of Veterans Affairs (VA)

The VA can support you and your loved ones in different ways throughout your life. If eligible, they offer a wide array services like health care, housing, employment, education and more.

www.va.gov

800-698-2411

Veterans Reimbursement for Licensing Exams

Veterans taking professional state licensing or certification examinations required by the Department of Commerce & Insurance (DCI) can be reimbursed for the cost of the exam. Visit the Missouri Department of Elementary and Secondary Education's [Veterans Education website](https://dese.mo.gov/adult-learning-rehabilitation-services/veterans-education/licensure-certification-test-benefits) at <https://dese.mo.gov/adult-learning-rehabilitation-services/veterans-education/licensure-certification-test-benefits> to learn more about how the GI Bill can pay the cost of a license or certification test.

If you or someone you know is in crisis please call

