

NORTH CAROLINA BOARD OF PHARMACY
APPLICATION FOR TEMPORARY REACTIVATION OF
PHARMACIST LICENSE

On March 10, 2020, Governor Cooper issued Executive Order No. 116 – a declaration of a state of emergency to coordinate response to the COVID-19 (coronavirus) outbreak. In light of that declaration, and the Board’s authority under North Carolina General Statutes Section 90-85.25(a) to waive provisions of the Pharmacy Practice Act and its regulations during a declared emergency, the Board authorizes the following:

Only for the duration of the state of emergency declared by Executive Order No. 116, a pharmacist meeting the following criteria may apply for temporary reactivation of an expired North Carolina license to practice pharmacy:

- A. The license to practice pharmacy has been inactive for two years or less.
- B. The license did not become inactive as a result of a Board disciplinary order, voluntary surrender, or agreement not to renew.
- C. The pharmacist has not committed any act since the license became inactive that would be a basis for denying a license application under North Carolina General Statutes Section 90-85.38.
- D. The pharmacist has been invited or engaged to provide services at a North Carolina licensed pharmacy to assist with COVID-19 containment and treatment efforts.
- E. The pharmacist completes a temporary reactivation application and submits it to the Board at emergency@ncbop.org
- F. The pharmacist receives notification from the Board that the temporary reactivation application has been approved.

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Name:

North Carolina License to Practice Pharmacy Number:

NABP e-Profile Number:

Are you a certified vaccinator? *Yes/No*:

Date Submitted:

Current Address:

Street:

City:

State:

Zip:

Current Phone Number:

Current Email Address:

* * *

Name, address, and permit number of the pharmacy where you will be practicing during the declared state of emergency:

Pharmacy Name:

Pharmacy Permit #:

Pharmacy Street Address:

City:

State:

Zip:

* * *

Are you currently licensed to practice pharmacy in another state? *Yes/No*:

If yes, in which state(s) are you currently licensed?

Is your license in all jurisdictions (other than North Carolina) where licensed current and unrestricted? *Yes/No*:

If no, attach a document explaining.

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Discipline

1. Since you were last licensed, have you been charged with, summoned for, arrested for, taken into custody for, indicted for, or tried for a violation of any law or ordinance or the commission of any felony or misdemeanor? *Yes/No:*

Minor traffic violations not involving alcohol or impairing substance use may be excluded from your response. Any violation that has been expunged by court order may be excluded from your response.

2. Since you were last licensed, have you been convicted of, pleaded guilty to, or pleaded no contest to the violation of any law or ordinance or the commission of any felony or misdemeanor? *Yes/No:*

Minor traffic violations not involving alcohol or impairing substance use may be excluded from your response. Any violation that has been expunged by court order may be excluded from your response.

If your answer to either or both questions 1 and 2 is “yes”, attach a statement describing the nature of the matter(s), the facts surrounding the matter(s), and the disposition of the matter(s). Also attach court documents sufficient to show the nature of the charges and their disposition.

3. Since you were last licensed, have you been diagnosed with a substance use disorder or received treatment for a substance use disorder? *Yes/No:*

If your answer is “yes”, attach a statement describing the nature of the diagnosis and treatment, as well as documents sufficient to show the course of treatment.

4. Since you were last licensed, have you voluntarily surrendered your pharmacist license or any pharmacist registration issued by federal or state controlled substance authority? *Yes/No:*

If your answer is “yes,” attach a statement describing the circumstances of the voluntary surrender, including any documents submitted to or received from the licensing authority concerning the surrender.

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5. Since you were last licensed, has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by a board of pharmacy or other state authority? *Yes/No:*

If your answer is “yes,” attach a statement describing the circumstances of the action, including any documents submitted to or received from the licensing authority concerning the action.

6. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws? *Yes/No:*

If your answer is “yes,” attach a statement describing the circumstances of the investigation or pending disciplinary action, including any documents submitted to or received from the licensing authority.

7. Since you were last licensed, have you been discharged or forced to resign from any position as a pharmacist? *Yes/No:*

If your answer is “yes,” attach a statement describing the circumstances surrounding the discharge or forced resignation.

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Terms of Agreement

In submitting this application, I, _____, attest that the information provided by me in this application is true and correct. I understand that under North Carolina law, NCGS § 90-85.38(c), “[a]ny license or permit obtained through false representation or withholding of material information shall be void and of no effect.” I further understand that any false representation or withholding of information in this application shall result in the Board’s taking action against any license granted to me, including revocation and voiding of such license.

***ONCE COMPLETE, SELECT "PRINT" FROM PRINT MENU, THEN SELECT "SAVE AS PDF."
EMAIL THE COMPLETED FORM TO EMERGENCY@NCBOP.ORG.***