Maryland State Board of Pharmacy

4201 Patterson Avenue, 5th Floor

Baltimore, Maryland 21215 • (410) 764-4755

APPLICATION FOR RECOGNITION OF OUT-OF-STATE LICENSE OR REGISTRATION PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333) CHECKLIST

INCLUDED	REQUIRED DOCUMENTS
☐	Completed **Notarized** Application
☐	Copy of military orders indicating military service in MD (or if application is for a spouse, provide the sponsor's military orders indicating the spouse's name, or in cases where military orders do not have the spouse's name listed, provide a copy of the marriage certificate with the military orders).
☐	Certified Letter with the State Seal affixed from each state in which you hold a license or registration, verifying good standing status.
☐	Passport size photograph with required notarized affidavit ***Please note guidelines include: 2x2 color photo with the head centered and sized between 1" and 1.4" taken in last 2 years, use a clear image of your face. Do not use filters commonly used on social media, have someone else take your photo. (No selfies), and use a plain white or off-white background. Unacceptable photos will be returned and may delay the issuance of your certificate.
☐	Documentation of legal name change, if applicable (i.e., marriage certificate, divorce decree, legal name change).

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

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APPLICATION FOR RECOGNITION OF OUT-OF-STATE LICENSE OR REGISTRATION PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333)

COMPLETE THIS APPLICATION ONLY IF:

(1) YOU ARE A PHARMACIST OR PHARMACY TECHNICIAN WHO IS PRESENTLY A SERVICEMEMBER, OR A PHARMACIST OR PHARMACY TECHNICIAN WHO HAS A SPOUSE WHO IS A SERVICEMEMBER;
(2) YOU HAVE A PHARMACIST'S LICENSE OR PHARMACY TECHNICIAN REGISTRATION IN A STATE OR STATES OTHER THAN MARYLAND THAT ARE IN GOOD STANDING THAT YOU HAVE ACTIVELY USED DURING THE 2 YEARS IMMEDIATELY PRECEDING YOUR MILITARY RELOCATION TO MARYLAND;
(3) EITHER YOU OR YOUR SPOUSE ARE UNDER ORDERS TO PROVIDE MILITARY SERVICE IN MARYLAND, AND
(4) YOU SEEK A RECOGNITION TO PRACTICE PHARMACY THAT IS EFFECTIVE ONLY DURING THE PENDENCY OF YOUR OR YOUR SPOUSE'S MILITARY SERVICE IN MARYLAND.
(5) THERE IS NO FEE ASSOCIATED WITH THIS APPLICATION.

Please note the following:

"Servicemember" is defined as a member of the "uniformed services." "Uniformed services" means (a) the armed forces; (b) the commissioned corps of the National Oceanic and Atmospheric Administration; and (c) the commissioned corps of the Public Health Service. "Armed forces" is defined as " Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard."

"Spouse" if defined as "husband or wife, as the case may be."

"Reside in the State of Maryland" is defined as Maryland being the site of your or your spouse's duty station. "

Are you a:

Servicemember: ☐**Yes** ☐**No** **Spouse of a Servicemember:** ☐**Yes** ☐**No**

SECTION I- INITIAL QUALIFICATIONS for SERVICEMEMBER (Servicemember spouses will answer in the next section)
You must meet the following initial qualifications to obtain a Servicemember Recognition. If you answer "No" to any of the questions in SECTION I – Initial Qualifications for SERVICEMEMBER you may not be considered for a Servicemember Recognition and must submit an application for Maryland licensure.

Servicemembers only please answer the following questions.

YES	NO	
☐	☐	a. Are you presently a "servicemember" as defined on page 1?
YES	**NO**	
☐	☐	b. Do you "reside" (as that word is defined on page 1) in Maryland as a result of military orders?
YES	**NO**	
☐	☐	c. Are all licenses or registrations that you presently hold in other states in "good standing"?
YES	**NO**	
☐	☐	e. Have you practiced under the authority of your out-of-state license or registration within two (2) years immediately preceding your relocation to Maryland under military orders?

SECTION II- INITIAL QUALIFICATIONS for SERVICEMEMBER SPOUSE
You must meet the following initial qualifications to obtain a Servicemember Spouse Recognition. If you answer "No" to any of the questions in SECTION II– Initial Qualifications FOR SERVICEMEMBER SPOUSE you may not be considered for a Servicemember Spouse Recognition and must submit an application for Maryland licensure.

Servicemembers spouses only please answer the following questions.

YES **NO**

☐ ☐ a. Are you presently the spouse of a "servicemember" as those terms are defined on page 1?

YES **NO**

☐ ☐ b. Do you or your spouse "reside" (as that word is defined on page 1) in Maryland as a result of your spouse's military orders?

YES **NO**

☐ ☐ c. Are all licenses or registrations that you presently hold in other states in "good standing"?

YES **NO**

☐ ☐ e. Have you practiced under the authority of your out-of-state license(s) within two (2) years preceding your relocation to Maryland under military orders?

SECTION III – GENERAL INFORMATION

NAME:

_____

First **Middle Initial** **Last**

HOME ADDRESS: _____

_____

TELEPHONE NUMBER: HOME (____) _____ **CELL** (____) _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NO: _____**BIRTHDATE:** _____

Gender Identification: _____Female _____Male _____Prefer not to answer

Race:

Are you of Hispanic or Latino Origin? **____ Yes ____ No _____ Prefer not to answer**

(**Please circle all applicable**; *for statistical purposes only*)

1 – White **2** – Black or African American **3** – American Indian or Alaska Native **4** – Asian **5** – Native Hawaiian or other Pacific Islander **6** – Other _____

PROSPECTIVE PHARMACY EMPLOYER:_____

ADDRESS:_____

TELEPHONE NUMBER: (_____)_____

Licensure/Registration in other states:

List other states or jurisdictions in which you hold a dental license. Include license number(s).

_____

STATE **LICENSE/REGISTRATION NO.** **EXPIRATION**

_____

STATE **LICENSE/REGISTRATION NO.** **EXPIRATION**

SECTION IV - CHARACTER AND FITNESS – TO BE ANSWERED BY SERVICEMEMBERS AND THEIR SPOUSES

If you answer "YES" to any question(s) in Section IV – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES	NO	
☐	☐	a**)** Are there any investigations or charges currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity?
☐	☐	**c)** Have you been convicted of, pled guilty, nolo contendere, or received probation before judgment or other diversionary disposition for any criminal act involving drugs?
☐	☐	**d)** Do you have criminal charges pending against you in any court of law for a drug-related offense?
☐	☐	**e)** Do you have a physical condition that would impair your ability to practice pharmacy?
☐	☐	**f)** Do you have a mental health condition that would impair your ability to practice pharmacy?

RELEASE AND AGREEMENT:

Practice of pharmacy without a current recognition of out-of-state licensure issued by the Maryland State Board of Pharmacy is a violation of the Maryland Pharmacy Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Pharmacy (the Board) may request any information necessary to process my application for Recognition of Out-of-State Licensure Pursuant to the Veterans Auto and Education Improvement Act of 2022 (PL 117-333) from any person or agency, including but not limited to government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I submit to the jurisdiction of the Board and that I will fully cooperate with any request for information or with any investigation related to my practice as a pharmacist or pharmacy technician in the State of Maryland, including the subpoena of documents or records.

I shall inform the Board within 30 days of:

- **Change of information I provided in this application**
- **Change of address**
- **Change of employment**
- **Change in status of military orders for service in Maryland**

I agree that my scope of practice is limited to the authorizations under the Maryland Pharmacy Act, and that I shall comply with any additional training, certification or competency requirements required under the Act in order to engage in expanded scope of practice (e.g., vaccine administration, injectable medication administration, prescribing of contraception and nicotine placement products)

Notice for Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of Maryland, Health Occupations Article, Title 12. Failure to provide the information may result in the denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others as permitted by federal and State law.

_____ _____

Applicant Signature **Date**

NOTARY SECTION

State of _____, County of _____, then personally appeared the above named

_____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

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PICTURE

*Please provide (1) 2x2 color photo with the head centered and sized between 1" and 1.4"

This is a true self photo taken in last 2 years to reflect my current appearance. In addition, the photograph is in accordance with the photograph requirements contained in an initial dental radiation technologist certificate application.

Print Name_____

Applicant Signature _____Date_____