



The Commonwealth of Massachusetts
Department of Public Health
Bureau of Health Professions Licensure
250 Washington Street, Boston, MA 02108-4619

Tel: 617-973-0800
TTY : 617-973-0988
www.mass.gov/dph/boards

Board of Registration in Pharmacy

Policy 2021-03: License Reinstatement Following Surrender, Suspension, or Revocation

I. Purpose

This policy outlines the application for reinstatement ("petition") process for a pharmacist, pharmacy Intern, or pharmacy technician following surrender, suspension, revocation, or rescission of their Massachusetts license resulting from a consent agreement entered into with the Board of Registration in Pharmacy ("Board") or by a final decision and order issued by the Board.

A petition may be approved if it is determined that reinstatement would be in the best interest of the public's health, safety, and welfare if the pharmacist, pharmacy intern, or pharmacy technician applying for reinstatement ("petitioner") is permitted to resume the practice of pharmacy.

II. Petition for License Reinstatement

The petition is a single packet of all required documents that incorporates **all** statements and supporting documentation as described below. Incomplete submissions will not be considered by the Board.

The Board will not consider a petition until at least 5 full years after the effective date of the loss of license.

The NABP® Clearinghouse report will be reviewed for discipline in other jurisdictions and will be a consideration for license reinstatement. The Board may also require the petitioner to appear before the Board in connection with the petition.

In addition, the Board is likely to consider the following factors when reviewing a petition:

1. Resolution of all criminal matters;
2. Sufficient evidence of sobriety for at least 3 full years prior to filing petition for applicants where:
 - a. The underlying complaint involved diversion of any controlled substance; or
 - b. The applicant claims a substance use disorder; and

3. Remediation of all continuing education credits outstanding prior to the effective date of the loss of license.

The petition must include each document below, numbered accordingly, and with your full name on each page:

1. An original, dated letter addressed to the Board and signed by the petitioner that describes:
 - a. how the petitioner has been affected by the loss of license;
 - b. why favorable action by the Board on the petition is warranted;
 - c. plans to resume pharmacy practice or employment and the actions the petitioner will take to ensure compliance with all laws and regulations; and
 - d. professional and personal activities from the date of the loss of license to the present.
2. If conditions for reinstatement have been established in a consent agreement entered into with the Board or in a Board final decision and order, provide documentation outlining the successful completion of these conditions.
3. If the loss of license was based on discipline by another state or jurisdiction, written verification must be provided from the licensing entity documenting completion of all conditions for license reinstatement and that the petitioner's license is in good standing or is eligible for renewal without conditions.
4. A statement identifying any occupational or professional license(s) or credential(s) (including pharmacy) issued by a jurisdiction in the United States, or foreign licensing or credentialing authority, including any branch of the military that includes:
 - a. each individual license number (if applicable);
 - b. verification of current license status by the licensing entity; and
 - c. a listing of any resolved or pending complaints including any discipline.
5. An original report from the National Practitioner Data Bank ("NPDB"):
<https://www.npdb.hrsa.gov/>
6. A résumé or curriculum vitae ("CV") that identifies, at a minimum, the petitioner's employment and other activities from the date of loss of license to the present. The following must be included:
 - a. names and addresses of any and all employers;
 - b. date(s) of employment;
 - c. position(s) held;
 - d. all immediate supervisors (name and position);
 - e. duties and responsibilities;
 - f. reason(s) for leaving each employment;

- g. if applicable, an explanation of any gaps in employment history following loss of license; and
 - h. identify and describe any other activities including earned academic degrees, educational programs, professional activities, and community service.
7. Official documentation of any completed educational programs and / or academic degrees from the educational institution since the loss of license to the present.
8. Documentation of any completed professional continuing education programs since the loss of license to the present.
9. Original, notarized statements from at least three individuals, one of whom must be a pharmacist whose license is current and in good standing without conditions, who:
- a. acknowledge having read the consent agreement or final decision and order relating to the petitioner's loss of license;
 - b. have a current relationship with the petitioner; and
 - c. recommend reinstatement with supporting reasons.
10. Completed ***License Reinstatement Questionnaire*** (page 4-5).
11. Completed ***Criminal Offender Record Information ("CORI")*** form:
<https://www.mass.gov/doc/cra-acknowledgement-form/download>

NOTE: The Board will not accept the following documentation or any other documentation with questionable authenticity including:

- a. a copy of any document where the original document is reasonably available, except for a copy that has been certified by the appropriate authority to be a true copy of the original document;
- b. any document that is not dated; and
- c. any document that is not signed where a signature should appear.

III. Board Decision

The petitioner will be notified in writing of the Board's approval (subject to submission of all previously unpaid license renewal fees) or denial and reasons for such denial. A petitioner whose petition has been denied may submit a new petition, accompanied by all required documentation and applicable fees, not sooner than two years from the date of initial petition denial unless otherwise specified by the Board.

Please direct any questions to: Pharmacy.Admin@mass.gov

The Commonwealth of Massachusetts

Department of Public Health
Board of Registration in Pharmacy
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License Reinstatement Questionnaire

Failure to provide complete information including signatures will delay and may adversely affect the status of your petition. Please retain a copy of all materials for your records before sending to the above address.

First Name: _____ M.I.: ____ Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Cell): _____

Email address: _____

Type of License Held: _____ License #: _____

For each “YES” response to any question below, attach a separate sheet with the following information, as applicable, with your full name on each page:

- a. Date, location, and description of each specific incident, allegation, conviction, and / or situation as well as disposition(s);
- b. official copies of court documents; and
- c. names and addresses of attorney(s) who represented you.

1. Have you ever applied for and been denied a license or credential, or ever withdrawn or attempted to withdraw an application for any professional license or credential by any United States or foreign licensing or credentialing authority, including any branch of the military?

Yes ☐ No ☐

2. Have you ever voluntarily surrendered or resigned any professional license, board certification, or other professional credential or authority to practice or provide services

in the United States or any foreign jurisdiction, including any branch of the military?
Yes ☐ No ☐

3. In any other state or jurisdiction, have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted, or been the subject of any investigation or any court proceeding in relation to any criminal violation, regardless of the disposition of the charge?
Yes ☐ No ☐

4. Have you ever been court martialled or other than honorably discharged from the military of the United States or of any country or foreign jurisdiction?
Yes ☐ No ☐

I do hereby attest, under penalties of perjury, that I have not engaged in any activity that requires a Massachusetts Board of Pharmacy license or have represented myself as a pharmacist, pharmacy intern, or pharmacy technician since the date of loss of my license.

The information I have provided in connection with this petition for license reinstatement is accurate and true.

I understand that any failure on my part to provide accurate and true information shall constitute grounds for the Board to deny my reinstatement petition.

Petitioner Name _____

Signature _____ Date _____

Attach a recent color
2x2 passport photo