

File a complaint?

Contact the Arkansas State Board of Pharmacy. Please provide as much information as you can about the nature of your complaint and be sure to include your name and how we may contact you or send emails regarding complaints to asbp@arkansas.gov . A paper [Complaint Form](#) is also available.

You can also send a complaint in writing to the following address:

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600
Little Rock, AR 72201

If you have any questions you may call us Monday through Friday between 8:00 a.m. and 4:30 p.m. at (501) 682-0190.

Verify a pharmacist, technician, intern or facility license?

You may verify licenses online using the [Roster Search tool](#). If written verification is needed for another state, you can email, mail, or fax the request or license verification form to our offices for us to complete. There is no charge for this service. Please provide information on where you would like the verification sent once complete.

Email: asbp@arkansas.gov

Mail: 322 South Main Street, Suite 600, Little Rock, AR 72201

Fax: (501) 682-0195

Get a duplicate copy of my license?

Send a written request to the Arkansas State Board of Pharmacy by mail, fax or email to: asbp@arkansas.gov. Be sure to include your current address, your license number or social security number. There is no charge for this transaction.

Get a wall certificate?

Wall certificates can be ordered using the [Order Form](#) on the forms page. Be sure to print your name exactly the way you want it to appear on the certificate and include your current address. Wall certificates are ordered in batches, so please allow three to six months for delivery.

Get a list of pharmacists?

Please use the [Order Form](#) on the Forms and Instructions page.

Get a list of pharmacies?

Please use the [Order Form](#) on the Forms and Instructions page.

Reinstate My Pharmacist License?

- Complete the [pharmacist reinstatement application](#).
- To be reinstated and immediately practice pharmacy without supervision, the pharmacist's license shall not have lapsed more than two calendar years.

- If the pharmacist has not been renewed for more than two (2) years, the pharmacist will be required to practice under the supervision of an Arkansas licensed pharmacist for 40 hours for each year or part of year out of practice. This time shall not exceed 240 hours.
- The fee for reinstatement of a pharmacist license is \$75.00 per year for each delinquent year up to a maximum of \$300.00 plus the current licensure fee (\$75 or \$150).
- If the pharmacist will be practicing in-state, another background check may be required if one has not been done in the past four years.
- See regulation 02-00-0003
- For more information on reinstating your pharmacist license, please contact us at (501) 682-0190 or asbp@arkansas.gov.

Reinstate My Pharmacy Technician Registration?

- The fee for [reinstatement of a pharmacy technician registration](#) is \$40.00, plus the current registration fees.
- A background check will be required before the registration can be reinstated.
- If the pharmacy technician's registration expired within the last year, an Affidavit of Assurance of Pharmacy Technician Compliance must be completed by the pharmacist in charge and notarized.
- For more information on reinstating your pharmacy technician registration, please contact the Board at (501) 682-0190 or at asbp@arkansas.gov.

Obtain a Copy of the Law Book?

The most up-to-date version of the [Arkansas Pharmacy Lawbook is always available online](#). A paper copy of the lawbook is available free to any pharmacist in the process of reciprocating. Reciprocity candidates may email the board at asbp@arkansas.gov with their name and mailing address to request a paper copy. Other requests for paper copies of the lawbook may be submitted using our [Order Form](#).

How do I report a name change?

For an **individual**, please fill out the [change form](#) located on the forms and instructions page. Please attach a copy of your marriage license, divorce decree, or other court documents showing the name change.

For a **facility**, if the name change is due to a change of ownership, please see the instructions below for reporting a change of ownership. If the name change is not due to a change of ownership, the facility needs to submit a letter on company letterhead to the Board with the following information:

- The current facility name
- The current facility license number
- The new facility name
- a statement verifying that the name change is not due to a change of ownership

The letter can be [emailed](#), faxed, or mailed to the Board.

How do I report a change of address?

For an **individual**, please [log in using your license number](#) and last four digits of your social security number to update your information online. You may also fill out the [change form](#) located on the Forms and Instructions page and mail or fax it to the board.

For an **in-state pharmacy**, please see instructions below for how to report a change of location for an in-state pharmacy.

For **all other out-of-state pharmacies and facilities**, if the change of address is within the same state, the change needs to be submitted to the board in writing via [email](#), fax, or mail with the following information:

- The facility name
- The facility license number
- The current facility address
- The new facility address
- Any other changes in contact information (phone, fax, email, etc...)

If the move involves moving to another state, [a new application will have to be submitted](#).

How do I report a change of employment?

Changes can be [emailed](#), faxed, or mailed to the Board. or you can fill out the [change form](#) located on the Forms and Instructions page and mail or fax it to the board.

How do I report a change of location for an in-state pharmacy?

- Complete an [inspection request form](#) and send it to the State Board of Pharmacy office at least two weeks prior to the desired inspection date. The inspection should not be requested until hot and cold running water are operational and proper security is installed.
- There is a \$100 fee to inspect the pharmacy at the new location.
- The form may be mailed to us at:

Arkansas State Board of Pharmacy

- 322 South Main Street, Suite 600
- Little Rock, AR 72201
- Contact the Drug Enforcement Administration since a new DEA registration is required for a change of location.
- Moving the pharmacy work area to another location at the same address does not require the inspection request form or fee, but you must notify the board in writing at either asbp@arkansas.gov or fax us at (501) 682-0195.

How do I report a change of ownership?

Pharmacies (In-State and Out-of-State)

When a pharmacy changes ownership, a new permit must be obtained and an inventory taken. The change of ownership fee is \$150.00. [Complete a new application form](#) and submit it to the Board of Pharmacy. A change of ownership occurs under a variety of circumstances, depending on whether the store is owned by a sole proprietor, a partnership or a corporation. Please see [regulation 04-02-0012](#) for a more detailed description of what constitutes a change of ownership and for additional information on taking inventory. For more information on buying and selling a pharmacy, please refer to [these suggested procedures](#).

Hospitals

When a hospital pharmacy changes ownership, a new permit must be obtained and an inventory taken. The change of ownership fee is \$150.00. Complete a new [Application for a Permit to Operate as an Arkansas Hospital Pharmacy or Outpatient Surgery Center](#) and submit it to the Board of Pharmacy.

Wholesale Distributors of Legend Drugs

When a wholesale distributor changes ownership, a new permit must be obtained. The change of ownership fee is \$150.00. Complete a new [Application for Wholesale Distributor of Prescription \(Legend\) Drugs Permit](#) and submit it to the Board of Pharmacy. A change of ownership occurs under a variety of circumstances, depending on whether the wholesale distributor is owned by a sole proprietor, a partnership or a corporation. Please see regulation 08-00-0003 for a more detailed description of what constitutes a change of ownership.

Wholesale Suppliers of Medical Equipment, Legend Devices and Medical Gas (DME)

When a DME changes ownership, a new permit must be obtained. The change of ownership fee is \$125.00. Complete a new [Application for a Permit to Operate as a Wholesale Distributor of Legend Drugs, Medical Devices and Medical Gas](#) and submit it to the Board of Pharmacy.

Wholesale Distributors of List I Chemicals

When a Wholesale Distributor of List I Chemicals changes ownership, a new permit must be obtained. The change of ownership fee is \$150.00. Complete a new [Application for a Permit to Operate as a Wholesale Distributor of List I Chemicals](#) and submit it to the Board of Pharmacy.

How do I report a theft?

Federal Regulation (Section 301) of the Controlled Substances Act of 1970 (PL91-513) require registrants to submit a report of any loss of controlled substance to the Drug Enforcement Administration (DEA).

Arkansas State Board of Pharmacy Regulation 07-04-0006 requires that any holder of a pharmacy permit that suffers a theft or loss of controlled substances shall:

- (a) Notify [Arkansas Department of Health Division of Pharmacy Services and Drug Control](#), the nearest [Drug Enforcement Administration Diversion Field Office](#), and the Arkansas State Board of Pharmacy immediately upon discovery by phone or fax, and
- (b) Deliver a completed [DEA Form-106](#) to each of the agencies listed in (a) within 7 days of the occurrence of said loss or the discovery of said loss.

*According to 21 CFR part 1301 Sec. 1301.74 (c) The registrant shall notify the Field Division Office of the Administration in his area, in writing, of any theft or significant loss of any controlled substances within one business day of discovery of the theft or loss. This written notice should be faxed to 501-217-6597.

A DEA Form-106 is to be used to report such loss. You can request a DEA Form-106 by calling the Board Office or by [filling one out on the DEA Website](#).

Send the original and one extra copy to:

DEA Resident Office
10825 Financial Parkway, Suite 200
Little Rock, AR 72211-3557
ATTN: Diversion Investigations
501-217-6500 fax: 571-362-5152

Send one copy to:

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201
501-682-0190 fax: 501-682-0195

Send one copy to:

Arkansas Department of Health
Pharmacy Services and Drug Control
4815 W. Markham
Slot #H-25
Little Rock, AR 72205-3867
501-661-2325 fax: 501-661-2769

Retain one copy for your records.

Arkansas State Police, Pseudo Reporting Hotline 1-800-553-3820

The Arkansas State Board of Pharmacy has received numerous phone calls from pharmacists expressing concerns regarding the lack of a centralized mechanism to anonymously report suspicious activity by individuals attempting to purchase pseudoephedrine and ephedrine products. Certain individuals appear to be shopping several stores, known as “smurfing”, in an attempt to circumvent the “nine (9) gram within 30 day” limit. Additionally, they may be confrontational or appear impaired at the time of purchase.

To address this situation, Senator Percy Malone met with Colonel Steve Dozier, State Police Director, and Captain Cleve Barfield, Commander of the Arkansas State Police Criminal Investigation Division. Senator Malone, Colonel Dozier, and Captain Barfield formalized a mechanism for pharmacists to anonymously report suspicious purchases or aberrant behavior by these individuals. They stressed pharmacists should be non-confrontational in these situations and should adhere only to the “nine (9) gram within 30 day” limit for their store.

The toll free number to anonymously report suspicious activity is **1-800-553-3820**. This number serves as the Arkansas State Police Drug Information Hotline.

What are the requirements for.....

Requirements for Continuing Education for Pharmacists

Beginning with the 2010-2011 biennium – for licensure in the 2012-2013 biennium, and in all future two year periods, the requirements for continuing education will be as follows:

- Thirty (30) hours of continuing education each biennium, as approved by the Arkansas Tripartite Committee on Continuing Pharmacy Education.
- A minimum of twelve (12) continuing education hours of the thirty (30) required hours, must be live contact hours, as defined by the Committee.
- A minimum of twelve (12) continuing education hours of the thirty (30) required hours, must be accredited by the Accreditation Council for Pharmacy Education.

What are the biennial periods?

January 1, 2022 to December 31, 2023
January 1, 2024 to December 31, 2025
January 1, 2026 to December 31, 2027, Etc.

Deciphering the last three digits of ACPE numbers:

L = Live program
H = Home study or other mediated program
C = Both live and home study

Topic Designators:

01 = Disease State Management / Drug therapy
02 = AIDS related therapy
03 = Law topics (related to pharmacy practice)
04 = General pharmacy
05 = Patient safety
06 = Immunizations
07 = Compounding
08 = Pain management

Target Audience Designator:

If a CPE activity's target audience is exclusively for pharmacists, the designation "P" will be used. If a CPE activity's target audience is exclusively for pharmacy technicians, the designation "T" will be used.

For more information on continuing education, see regulation 02-06-0003 or contact the Board at (501) 682-0190 or: asbp@arkansas.gov.

Requirements for a New Pharmacist License by Examination

1. Satisfactory proof of graduation from a college or school of pharmacy approved by the Board;
2. A [completed application for licensure](#) and payment of the appropriate fees;

3. Beginning March 1, 2004, successful completion of a criminal background check;
4. Successful completion of the NAPLEX exam;
5. Successful completion of the Arkansas Jurisprudence Exam;
6. Successful completion of 2,000 hours of approved intern hours of experience.

See [regulations](#) 02-01-0001, 02-01-0004 and 02-02-0001

Requirements for a Pharmacist License by Reciprocity

1. A [completed application for licensure](#) and payment of the appropriate fees;
2. Successful completion of the NABP Preliminary Application for License Transfer;
3. Successful completion of a criminal background check;
4. Successful completion of the Arkansas Jurisprudence Exam;
5. Appearance before the Arkansas State Board of Pharmacy.

See [regulations](#) 02-03-0001

Requirements for a Pharmacy Technician Registration

1. The applicant must be a high school graduate or have a G.E.D.;
2. The applicant must be of good moral character;
3. Successful completion a criminal background check;
4. A completed [application for registration](#) and payment of the appropriate fees.

See [regulations](#) 03-00-0001 through 03-00-0004

Requirements for a Foreign Pharmacist to be Licensed in Arkansas

1. Satisfactory proof of graduation from a foreign college of pharmacy and completion of the NABP transcript verification process;
2. A completed [application for licensure](#) and payment of the appropriate fees;
3. Successful completion of a [criminal background check](#);
4. Successful completion of the [foreign pharmacy equivalency exam \(FPGEE\)](#);
5. Successful completion of the [test of English as a Foreign Language \(TOEFL\)](#) within two years of the completion of the FPGEE;
6. Successful completion of the Arkansas Jurisprudence Exam;
7. Successful completion of [2,000 hours of approved intern hours of experience](#).

See [regulation](#) 02-02-0001

