

Refund Policy

(As adopted 5/6/2014 [R-2014-213], amended 10/3/2016 [R-2016-027], amended 9/10/2018 [R-2019-038], amended 10/6/2025)

Updated 10/6/2025

All refunds must be requested by the applicant using the Refund Request Form **within 30 days of the date payment was received by the Board**. The Board may choose not to require a formal request to be submitted when known technical errors have occurred with licensing and/or payment systems.

This policy applies to the following license types:

- Pharmacist
- Pharmacy Intern
- Pharmacy Technician
- Terminal Distributor of Dangerous Drugs
- Drug Distributor (Manufacturer, Outsourcing Facility, Repackager, Third-Party Logistics Provider, Wholesaler)
- Home Medical Equipment Services Provider

Additionally, this policy applies to the following application types:

- Initial
- Renewal
- Reinstatement
- Change in Business Description* (change of address, ownership, name, and/or category)
- Change of Responsible Person

Conditions	Refund Granted?
Duplicate application submitted.	Yes
Application submitted for incorrect license type and/or category.	Yes

Application submitted and Board determines applicant fails to qualify.	No
Applicant decides to no longer seek licensure.	No
Application has been processed and issued (Status = Active).	No

Refund Request Form



Instructions: Pursuant to the Board's Refund Policy, this form must be completed and submitted to the Board within 30 days of the date payment was received by the Board. Submission of this form does not guarantee a refund will be granted by the Board.

PART 1 – APPLICANT INFORMATION

Applicant/Licensee Name: <i>*If business license, enter name of entity</i>	Application/License Number:
Email Address:	Area Code / Phone #:

PART 2 – APPLICATION & PAYMENT INFORMATION

Date Application Submitted & Fees Paid:	Amount Paid:
License/Registration Type:	Application Type (Initial, Renewal, Reinstatement):

PART 3 – REASON FOR REFUND

Submitted more than one (1) application. Applied for incorrect license/registration type and application has not yet been reviewed by the Board. Other - Please explain below
Explanation (if required):

PART 4 – APPLICANT SIGNATURE (Digital or wet ink signatures are accepted)

Signature:	Date Signed:
Print or Type Full Name:	