

RECEIVED

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Iowa Board of Pharmacy
 400 S.W. 8th St. Ste. E
 Des Moines, IA 50309-4688
 515-281-5944
<https://pharmacy.iowa.gov/>



Active Duty Military
 Veteran
 Spouse of Active
 Duty Military

PHARMACIST LICENSE RENEWAL APPLICATION

Please type or print legibly in ink. Complete all application sections and sign. **Incomplete or illegible forms will delay the renewal of your license. Refer to the application instructions for fees due.**

License #: 17591

LICENSEE INFORMATION					
Full Legal Name:	(Last) <u>Bonjour</u>	(First) <u>Denise</u>	(Middle) <u>Alexandra</u>		
NABP e-profile ID:	<u>562513</u>	Previous/Other Name(s) Used:			
PRIMARY ADDRESS:					
Street Address:	<u>1408 Parkview Dr</u>				
Address:					
City:	<u>Monroe</u>	State:	<u>Wi</u>	Zip Code:	<u>53566</u>
County:		Email Address (required):	[REDACTED]		
Telephone No. (required):	[REDACTED]	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Mobile	If mobile, do you accept text messages <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
MAILING ADDRESS (if other than primary address):					
Address:					Suite #:
Address:					
City:		State:		Zip Code:	

PRIMARY EMPLOYMENT TYPE (select one)			
Community Pharmacy <input checked="" type="checkbox"/>	Mail Order/Managed Care <input type="checkbox"/>	Hospital <input type="checkbox"/>	Long-Term Care <input type="checkbox"/>
Home Health Care <input type="checkbox"/>	Nuclear <input type="checkbox"/>	Correctional Facility <input type="checkbox"/>	Drug Wholesale/Distribution <input type="checkbox"/>
Drug Manufacturer <input type="checkbox"/>	Pharmacy-related education <input type="checkbox"/>	Government <input type="checkbox"/>	Consultant <input type="checkbox"/>
Other Pharmacy-related <input type="checkbox"/>	Unemployed, not retired <input type="checkbox"/>	Retired from Pharmacy Practice <input type="checkbox"/>	Engaged in Other Practices <input type="checkbox"/>

CURRENT PHARMACY PRACTICE LOCATION (Indicate your principal place of pharmacy employment)			
Pharmacy Name:	<u>Monroe Hometown Pharmacy West</u>	Pharmacy License No.:	<u>9551-42</u>
Street Address:	<u>131 W. 7th St.</u>	Suite #:	
City:	<u>Monroe</u>	State:	<u>Wi</u>
Zip Code:	<u>53566</u>		
Are you the PIC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of hire if employment change since last renewal:	<u>Oct. 2019</u>

Nature and hours of pharmacy practice at this location (Indicate the number of hours worked per week next to the practice type):		
Community <i>relief work 1 day a month</i>	Long-Term Care	Mail Order
Hospital-dispensing	Hospital-clinical	Home Healthcare
Industry	Nuclear	Consulting
Compounding-sterile	Compounding-non sterile	Correctional
Telepharmacy-consulting	Telepharmacy-dispensing	

RESIDENCY			
Residency PGY1			
Institution Name:		Location:	
PGY1 Program:			
Residency PGY2			
Institution Name:		Location:	
PGY2 Program:			
Residency PGY1 & PGY2 Combined Program			
Institution Name:		Location:	
PGY 1&2 Program:			

LICENSE INFORMATION (List all states in which you are currently licensed to practice pharmacy)				
State:	License No.:	Date Issued:	Expiration Date:	Status:
<i>Illinois</i>	<i>051038293</i>	<i>3/3/2020</i>	<i>3/31/2022</i>	<i>current</i>
<i>Wisconsin</i>	<i>1194740-40</i>	<i>5/1/2020</i>	<i>5/31/2022</i>	<i>current</i>

BOARD CERTIFICATIONS (BPS)					
Certification Type:	Certification #:	Status:	Original Date:	Effective Date:	Expiry Date:

CONTINUING EDUCATION (review application instructions before completing this section)

C.E. Renewal Period April 1, 2018 through June 30, 2020

Are you a resident of and are you currently licensed to practice pharmacy in another state that requires continuing education for pharmacist licensure? If yes, indicate the state and license expiration date. Out of state licensure and residence combine to satisfy Iowa's C.E. requirements UNLESS you are practicing pharmacy in Iowa. If you qualify under this provision, skip to Statewide Protocols

YES

NO

If yes, State IA
WI

License Expiration Date 3/31/2022
5/31/2022

Is this your first license renewal following Iowa licensure by examination? If yes, you are exempt from Iowa's continuing education requirement for this renewal only, skip to Statewide Protocols YES NO

I hereby certify, by initialing following this statement, that I have completed the required 30 contact hours (3.0 CEUs) of continuing education as provided by Board rules at 657-2.12 OR that I have completed a CPD portfolio as provided by Board rules at 657-2.17. I further certify that none of the credits relied on for this license renewal have previously been used for Iowa license renewal and that all credits relied on for this license renewal were obtained during the 27 month C.E. renewal period identified above. AB (initials)

STATEWIDE PROTOCOLS

Are you an authorized pharmacist who orders and administers vaccines? YES NO

If yes, have you completed at least one hour of ACPE-approved continuing education with the ACPE topic designator "06" followed by the letter "P." YES NO

Are you an authorized pharmacist who orders and dispenses Naloxone? YES NO

If yes, have you completed at least one hour of ACPE-approved continuing education related to naloxone utilization (not required for each renewal)? YES NO

Are you an authorized pharmacist who orders and dispenses nicotine replacement tobacco cessation products? YES NO

If yes, have you completed at least one hour of ACPE-approved continuing education related to nicotine replacement tobacco cessation product utilization (not required for each renewal)? YES NO

CRIMINAL HISTORY (If you answer yes, you must list all convictions below, attach additional pages if necessary. On a separate sheet of paper provide a signed and dated explanation and attach court records of the conviction(s))

Since your last renewal do you have any pending charges, or been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime other than a minor traffic offense, in any jurisdiction? You must disclose all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. (For example, you must report if your conviction was expunged, you received a deferred judgment, or you received an executive pardon.)

YES

NO

DISCIPLINARY HISTORY (includes, but is not limited to: citations, reprimands, fines, license or registration restrictions, probation, surrender, suspension, and revocation. If you answer yes to any of the questions below provide a description and attach final disciplinary orders)

Since your last renewal have you been disciplined by any licensing authority?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any charges, or knowledge of any complaints or investigations, pending before any licensing authority?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Since your last renewal have you been denied a license or registration by any licensing authority?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

MEDICAL CONDITION (If you answer yes to any of the questions below, on a separate sheet of paper provide a signed and dated explanation.)

Do you currently have a medical condition that in any way impairs or limits your ability to perform the duties of a pharmacist with reasonable skill and safety?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Are you currently engaged in the illegal or improper use of drugs or other chemical substances?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to perform the duties of a pharmacist with reasonable skill and safety?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If YES to any of the above, are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If YES to any of the above, does your field of work, the setting, or the manner in which you perform the duties of a pharmacist, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

I hereby swear or affirm under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against my pharmacist license. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

REQUIRED SIGNATURE:

Signature of Licensee: _____ Date: 6/27/2020

Privacy Act Notice: Disclosure of your Social Security number on this application is required by 42 U.S.C. § 666(a)(13) and Iowa Code §§ 252J.8(1), 261.126(1), and 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Reminder: Iowa law requires a pharmacist to notify the Board within 10 days of a change of legal name, residence address, or employment.

Denise Bonjour, you need to meet the following Requirements:

Illinois (edit)
License #: 051038293

CE Renewal Period: 4/1/2020 - 3/31/2022
License Renewal Date: Mar 31st of every even year

Due to Covid-19 current licensees whose licenses expire from March 1, 2020 through, and including July 31, 2020 will have up to and including September 30, 2020 to renew their license and complete the required CE needed.

(Updated: 3/23/20)

	Total Required	You still need to complete	You have already completed
Sexual Harassment	1.00 hours	1.00 take courses	0.00
General CE	29.00 hours	29.00 take courses	0.00
TOTALS:	30.00 hours	30.00	0.00

Enter CE credits from
OTHER PROVIDERS

[View prior renewal periods](#)

Wisconsin (edit)
License #: 1194740-40

CE Renewal Period: 6/1/2018 - 5/31/2020
License Renewal Date: May 31st of every even year

	Total Required	You still need to complete	You have already completed
General CE	30.00 hours	0.00 take courses	30.00 view/print

Enter CE credits from
OTHER PROVIDERS

PRINT Statement of Participation/Course Completion for courses taken from *Pharmacist's Letter* for license renewal more info

[View prior renewal periods](#)

Hometown Pharmacy Wisconsin Pharmacist CE / Training Requirements

By completing the Standards of Contact training, employee acknowledges receipt of Employer Standards of Conduct and agrees to abide by the Employee Standards of Conduct.

	Total Required	You still need to complete	You have already completed
Bloodborne Pathogens 2020 <small>(requirement: due 12/31/2020)</small>	1 course	none	completed
Combating Methamphetamine Abuse 2020	1 course	none	completed
Cultural Competence <small>(requirement: due</small>	1 course	take course	not complete

(requirement: due 12/31/2020)

HIPAA & Privacy 2020

(requirement: due 12/31/2020)

1 course none completed

HIPAA & Security 2020

(requirement: due 12/31/2020)

1 course none completed

Hometown Pharmacy Wisconsin Standards of Conduct & Confidentiality 2020

(requirement: due 12/31/2020)

1 course take course not complete

Medicare FWA 2020: Training

(requirement: due 12/31/2020)

1 course none completed

Medicare's Durable Medical Equipment (DME) Requirements

(requirement: due 12/31/2020)

1 course none completed

Using Naloxone for Opioid Rescue Therapy

1 course take course not complete

Hometown Pharmacy Wisconsin Pharmacist Recommended Training

	Total Recommended	You still can complete	You have already completed
Addyi REMS	1 course	take course	not complete
TIRF REMS Access Program 3.0	1 course	take course	not complete

Tell us if anything needs to be changed

Take a Course

Update Your License Info

View All *Pharmacist's Letter* CE taken

Keep in mind that the CE requirements shown on this *PL CE & Training Organizer* have all been checked and double-checked for accuracy, but a State

Therapeutic Research Center confirms that
Denise Bonjour has successfully completed the courses below:

State: Wisconsin

Renewal Period: 6/1/2018 - 5/31/2020

26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5

Course Title & CE Provider	Date Completed	Contact Hours	Requirements Met
Choosing What's On Your Plate: Healthier Choices for a Healthier Life ACPE#: JA0006454-0000-18-394-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	08/25/19	1.00	General CE
Tackling a Growing Problem: Childhood Obesity ACPE#: JA0006454-0000-18-050-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	08/26/19	1.00	General CE
Healthy Eating for Disease Prevention ACPE#: JA0006454-0000-18-393-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	08/27/19	1.00	General CE
Health Screenings in the Pharmacy ACPE#: JA0006454-0000-18-248-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	08/27/19	1.00	General CE
Naloxone Rescue Therapy for Opioid Overdose ACPE#: JA0006454-0000-18-213-H01-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	02/16/20	2.00	General CE
Federal Pharmacy Law ACPE#: JA0006454-0000-18-314-H03-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	03/01/20	1.00	General CE
Embracing Cultural Competence and Improving Cultural Communications ACPE#: JA0006454-0000-18-313-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	08/22/19	1.00	General CE
Strategies for Preventing Medication Errors in the Pharmacy ACPE#: JA0006454-0000-18-325-H05-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	03/02/20	1.00	General CE
Protecting Against Bloodborne Pathogens in 2019 ACPE#: JA0006454-0000-19-306-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	12/06/19	1.00	General CE
Motivational Interviewing to Promote Change ACPE#: JA0006454-0000-18-247-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	08/22/19	1.00	General CE
Suicide Assessment, Prevention, and Intervention ACPE#: JA0006454-0000-18-262-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	03/01/20	3.00	General CE
HIPAA & Security 2019 ACPE#: JA0006454-0000-19-302-H03-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	12/06/19	1.00	General CE
HIPAA & Privacy 2019 ACPE#: JA0006454-0000-19-303-H03-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	12/06/19	1.00	General CE
Counseling Patients with Type 2 Diabetes ACPE#: JA0006454-0000-19-203-H01-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	08/29/19	1.00	General CE
Immunization 2019 Part 3 - Considerations for the Safe Use of Vaccines ACPE#: JA0006454-0000-19-213-H06-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	08/22/19	1.00	General CE
Immunization 2019 Part 2 - Updates in Vaccine Recommendations ACPE#: JA0006454-0000-19-212-H06-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	08/22/19	1.00	General CE
Immunization 2019 Part 1: Recommending Vaccines to Patients ACPE#: JA0006454-0000-19-211-H06-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	08/20/19	1.00	General CE
Generic Substitution Guidelines ACPE#: JA0006454-0000-19-310-H03-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	03/01/20	1.00	General CE
Women's Reproductive Health ACPE#: JA0006454-0000-19-247-H01-P	02/17/20	1.00	General CE

26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously) Human Trafficking Awareness ACPE#: JA0006454-0000-19-333-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	01/26/20	1.00	General CE
26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously) Prepare for Disasters and Emergencies ACPE#: JA0006454-0000-19-332-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	03/01/20	1.00	General CE
26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously) Ethical Issues in the Pharmacy ACPE#: JA0006454-0000-19-331-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	01/26/20	1.00	General CE
26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously) Combating Methamphetamine Abuse 2020 ACPE#: JA0006454-0000-19-347-H03-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	01/15/20	1.00	General CE
26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously) Sexual Harassment Prevention ACPE#: JA0006454-0000-19-349-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	01/15/20	1.00	General CE
26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously) HIPAA Security 2020 ACPE#: JA0006454-0000-20-302-H03-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	01/26/20	1.00	General CE
26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously) HIPAA Privacy 2020 ACPE#: JA0006454-0000-20-303-H03-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	01/26/20	1.00	General CE
26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously) Bloodborne Pathogens 2020 ACPE#: JA0006454-0000-20-306-H04-P 26e4a496-22c5-4ec9-a4f2-d1e4c68d4cd5 (printed previously)	02/16/20	1.00	General CE

and is awarded 30.00 total Contact Hours



In support of improving patient care, Therapeutic Research Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

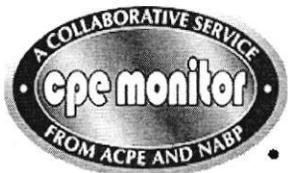
Tammie Armeni, RPh, PharmD May 22, 2020

US-licensed Pharmacists/Technicians: This certificate is supplied as a courtesy to our participants. Official Statements of Credit are only available through CPE Monitor.

*These courses are sponsored by Therapeutic Research Center
3120 W. March Lane, Stockton, CA 95219
TEL: (209) 472-2240 FAX: (209) 472-2249*

Print

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CPE Monitor Standard Transcript

Participant Name: DENISE BONJOUR
NABP e-Profile ID: 562513
CPE Activity Date Range: 05/22/2018 - 05/22/2020
Total CPE Hours Earned: 36.50

Please allow 30 days for the CPE Provider to process your CPE and submit it through the CPE Monitor System. If it has been more than 35 days since you submitted the information necessary for CPE credit, contact the CPE Provider. Providers only have 60 days to submit or make changes.

ACPE Credits

Activity Date	Activity #	Credit Type	Source	Title	Topic	Provider	Live hours	Home hours
3/2/2020	JA0006454-0000-18-325-H05-P	ACPE	ACPE	Strategies for Preventing Medication Errors in the Pharmacy	Patient Safety	Therapeutic Research Center	0.00	1.00
3/1/2020	JA0006454-0000-18-262-H04-P	ACPE	ACPE	Suicide Assessment, Prevention, and Intervention	General Pharmacy Topics	Therapeutic Research Center	0.00	3.00
3/1/2020	JA0006454-0000-18-314-H03-P	ACPE	ACPE	Federal Pharmacy Law	Law (Related to Pharm)	Therapeutic Research Center	0.00	1.00
3/1/2020	JA0006454-0000-19-310-H03-P	ACPE	ACPE	Generic Substitution Guidelines	Law (Related to Pharm)	Therapeutic Research Center	0.00	1.00
3/1/2020	JA0006454-0000-19-332-H04-P	ACPE	ACPE	Prepare for Disasters and Emergencies	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
2/17/2020	JA0006454-0000-19-247-H01-P	ACPE	ACPE	Womens Reproductive Health	Disease State Mgmt/Drug Therapy	Therapeutic Research Center	0.00	1.00
2/16/2020	JA0006454-0000-18-213-H01-P	ACPE	ACPE	Naloxone Rescue Therapy for Opioid Overdose	Disease State Mgmt/Drug Therapy	Therapeutic Research Center	0.00	2.00
2/16/2020	JA0006454-0000-20-306-H04-P	ACPE	ACPE	Bloodborne Pathogens 2020	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
1/26/2020	JA0006454-0000-19-331-H04-P	ACPE	ACPE	Ethical Issues in the Pharmacy	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00

1/26/2020	JA0006454-0000-19-333-H04-P	ACPE	ACPE	Human Trafficking Awareness	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
1/26/2020	JA0006454-0000-20-302-H03-P	ACPE	ACPE	HIPAA Security 2020	Law (Related to Pharm)	Therapeutic Research Center	0.00	1.00
1/26/2020	JA0006454-0000-20-303-H03-P	ACPE	ACPE	HIPAA Privacy 2020	Law (Related to Pharm)	Therapeutic Research Center	0.00	1.00
1/15/2020	JA0006454-0000-19-347-H03-P	ACPE	ACPE	Combating Methamphetamine Abuse 2020	Law (Related to Pharm)	Therapeutic Research Center	0.00	1.00
1/15/2020	JA0006454-0000-19-349-H04-P	ACPE	ACPE	Sexual Harassment Prevention	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
12/6/2019	JA0006454-0000-19-302-H03-P	ACPE	ACPE	HIPAA & Security 2019	Law (Related to Pharm)	Therapeutic Research Center	0.00	1.00
12/6/2019	JA0006454-0000-19-303-H03-P	ACPE	ACPE	HIPAA Privacy: 2019	Law (Related to Pharm)	Therapeutic Research Center	0.00	1.00
12/6/2019	JA0006454-0000-19-306-H04-P	ACPE	ACPE	Protecting Against Bloodborne Pathogens in 2019	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
8/29/2019	JA0006454-0000-19-203-H01-P	ACPE	ACPE	Counseling Patients with Type 2 Diabetes	Disease State Mgmt/Drug Therapy	Therapeutic Research Center	0.00	1.00
8/27/2019	JA0006454-0000-18-248-H04-P	ACPE	ACPE	Health Screenings in the Pharmacy	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
8/27/2019	JA0006454-0000-18-393-H04-P	ACPE	ACPE	Healthy Eating for Disease Prevention	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
8/26/2019	JA0006454-0000-18-050-H04-P	ACPE	ACPE	Tackling a Growing Problem: Childhood Obesity	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
8/25/2019	JA0006454-0000-18-394-H04-P	ACPE	ACPE	Choosing Whats On Your Plate: Healthier Choices for a Healthier Life	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
8/22/2019	JA0006454-0000-18-247-H04-P	ACPE	ACPE	Motivational Interviewing to Promote Change	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
8/22/2019	JA0006454-0000-18-313-H04-P	ACPE	ACPE	Embracing Cultural Competence and Improving Cultural Communications	General Pharmacy Topics	Therapeutic Research Center	0.00	1.00
8/22/2019	JA0006454-0000-19-212-H06-P	ACPE	ACPE	Immunization 2019 Part 2: Updates in Vaccine Recommendations	Immunization Related	Therapeutic Research Center	0.00	1.00

8/22/2019	JA0006454-0000-19-213-H06-P	ACPE	ACPE	Immunization 2019 Part 3: Considerations for the Safe Use of Vaccines	Immunization Related	Therapeutic Research Center	0.00	1.00
8/20/2019	JA0006454-0000-19-211-H06-P	ACPE	ACPE	Immunization 2019 Part 1: Recommending Vaccines to Patients	Immunization Related	Therapeutic Research Center	0.00	1.00
8/21/2018	0202-0000-18-161-H04-P	ACPE	ACPE	APhA Pain Management Forum	General Pharmacy Topics	American Pharmacists Association	0.00	6.50

Disclaimer:

The National Association of Boards of Pharmacy® (NABP®) generated this Activity Transcript (Transcript) or Compliance Report (Report) from NABP's systems. The Transcript or Report contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE) and, if applicable, information from you, the non-ACPE course participant (Participant). The Transcript or Report can be used as proof of CPE credit for ACPE-accredited CPE. The ACPE provider is responsible for the accuracy of the ACPE course data and Participant is responsible for the accuracy of the non-ACPE course data on this Transcript or Report. Requests for changes to ACPE course data must be directed to the ACPE-accredited provider that offered the course. NABP affirms that it matches the ACPE-provided identifying data with corresponding identifying data in the NABP systems. Following the match, NABP adds the ACPE-submitted CPE data to NABP systems. If there is a discrepancy between this Transcript or Report and the data contained in the NABP systems, the data in the NABP systems is the correct data. Participant attested that any non-ACPE course data submitted to NABP is true and correct, that Participant complied with the NABP Terms of Use, and accepts full responsibility for all information submitted to NABP.

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
DENISE A. BONJOUR, R.PH.,	:	
RESPONDENT.	:	
	:	<u>ORDER 0001106</u>

[Division of Enforcement Case #10 PHM 028]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Denise A. Bonjour, R.Ph.
1408 Parkview Drive
Monroe, WI 53566

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Pharmacy Examining Board
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Pharmacy Examining Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Denise A. Bonjour, R.Ph., ("Respondent"), date of birth July 5, 1957, is licensed by the Wisconsin Pharmacy Examining Board as a pharmacist in the state of Wisconsin pursuant to license number 11947-40, which was first granted April 13, 1993.

2. Respondent's address of record with the Department of Regulation and Licensing (DRL) is 1408 Parkview Drive, Monroe, Wisconsin 53566.

3. On all dates relevant to the facts set forth here, Respondent was employed as a pharmacist at Wal-Mart Pharmacy 10-0802, 300 6th Avenue, Monroe, WI 53566.

4. On April 28, 2010, a DRL investigator witnessed multiple transactions during which Respondent permitted transfer of prescriptions to patients without consultation with Respondent or another licensed pharmacist.

5. Respondent admitted to the failure of consulting patients on April 28, 2010. Respondent stated that it was her belief that consultations only needed to be done for new prescriptions. Respondent also stated she believed it was okay for the pharmacy technician to ask the client if they had any questions or would like to talk to a pharmacist. Respondent explained she was working for the first time at this pharmacy as a relief pharmacist. Respondent was unfamiliar with the process as she usually practiced in Illinois.

6. The Pharmacy Examining Board requires pharmacists to provide consultation with every prescription, regardless of whether the prescription is new or a refill. The duty to consult is not satisfied by an offer to consult. The only exception to the consultation requirement for community pharmacies concerns prescriptions that are delivered to residences. None of the transactions witnessed by the DRL investigator on April 28, 2010, involved home-deliveries.

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 450.10 and has authority to enter into this stipulated resolution of this matter pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraph 4 constitutes a violation of Wis. Admin. Code §§ Phar 7.01(1)(e) and Phar 10.03(2), and subjects Respondent to discipline pursuant to Wis. Stat. § 450.10(1).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. Respondent, Denise A. Bonjour, R.Ph., is REPRIMANDED for the conduct set out above.

2. Respondent shall, within ninety (90) days from the date of this Order, pay to the Department of Regulation and Licensing a forfeiture in the amount of FIVE HUNDRED DOLLARS (\$500.00), pursuant to Wis. Stat. § 450.10(2).

3. Respondent shall, within ninety (90) days from the date of this Order, pay to the Department of Regulation and Licensing costs of this proceeding in the amount of FIVE HUNDRED FIFTY DOLLARS (\$550.00), pursuant to Wis. Stat. § 440.22(2).

4. All payments required by this Order shall be mailed or delivered to:

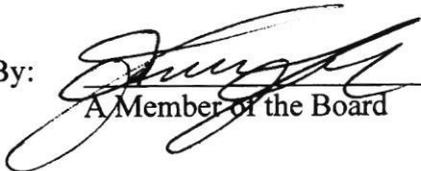
Department Monitor
Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264
Telephone (608) 267-3817

5. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit any payment of the forfeiture as set forth above, or fails to pay costs as ordered, Respondent's license to practice as a pharmacist in Wisconsin, license #11947-40, SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

6. This Order is effective on the date of its signing.

Wisconsin Pharmacy Examining Board

By:


A Member of the Board

Date

9/14/11