

PENNSYLVANIA STATE BOARD OF PHARMACY
P.O. BOX 2649
HARRISBURG, PA 17105-2649
(717) 783-7156
www.dos.state.pa.us/pharm
st-pharmacy@state.pa.us

APPLICATION FOR A PENNSYLVANIA PHARMACIST LICENSE (Rev. 11/09)

Students who will soon graduate from pharmacy school may submit the required forms to the Pennsylvania State Board of Pharmacy (Board) office approximately 2 months before graduation. Pages 1 and 2 of the application should be submitted no earlier than this since the information contained on page 2 will become outdated in six months and must then be updated. There may be a delay in the final processing and issuance of your pharmacist license if your application is more than six months old and updated information is required. If your original application is more than a year old and a Pennsylvania pharmacist license has not been issued to you, the Board may require you to submit an entirely new application and the application fee.

To apply by **EXAMINATION**:

- Pages 1 and 2 of the “Application for a Pennsylvania Pharmacist License” and a \$45.00 fee made payable to the “**Commonwealth of PA**” should be submitted to the Board office. Please note that your school must submit page 3 of the application to the Board office.
- You must register to take the NAPLEX and Pennsylvania MPJE at the National Association of Boards of Pharmacy’s (NABP’s) web site - www.nabp.net. Also posted on that web site is the online *NAPLEX/MPJE Registration Bulletin* that should be reviewed for important information on testing costs, testing appointments, test administration, score results, MPJE competency statements and other topics.

To apply by **SCORE TRANSFER**:

- Pages 1 and 2 of the “Application for a Pennsylvania Pharmacist License” and a \$45.00 fee made payable to the “**Commonwealth of PA**” should be submitted to the Board office. Please note that your school must submit page 3 of the application to the Board office.
- Verification of completion of 1,500 internship hours is required by requesting an official report of hours be sent to the PA Board directly from the other state board(s) and/or school(s). Please note that a **maximum** of 750 intern hours will be accepted from a school of pharmacy’s controlled internship program.
- You must register to take the Pennsylvania MPJE at the National Association of Boards of Pharmacy’s (NABP’s) web site - www.nabp.net. Also posted on that web site is the online *NAPLEX/MPJE Registration Bulletin* that should be reviewed for important information on testing costs, testing appointments, test administration, score results, MPJE competency statements and other topics.
- You must make score transfer arrangements for the NAPLEX at NABP’s web site – www.nabp.net.
- When utilizing the score transfer process, the remaining licensure requirements (ex. a completed pharmacist application, verification of intern hours, receiving a passing score on the PA MPJE) must be met within six months from the date of taking the NAPLEX (i.e. a license must be issued) since the score transfer is considered valid for only six months from the date of testing.

To apply by **RECIPROCITY**, please contact the Board office for information. This application **cannot** be used to reciprocate a pharmacist license.

GRADUATES OF FOREIGN PHARMACY SCHOOLS

Please note that if you are a graduate of a **foreign** pharmacy school, please do not complete page 3 of this application. Instead, please arrange to have the National Association of Boards of Pharmacy (NABP) **directly** send to the Pennsylvania State Board of Pharmacy an official copy of your FPGEC certificate. Those arrangements must be made by submitting a signed, written request to NABP at 1600 Feehanville Drive, Mount Prospect, IL 60056 or by faxing a signed, written request to 847-391-4502. If you registered as a Pennsylvania pharmacy intern **and** previously made arrangements for NABP to directly provide an official copy of your FPGEC certificate to the Pennsylvania State Board of Pharmacy, it is unnecessary for NABP to provide a second copy as that information will be on file. Any applicant who graduated **after** June 2002 with a Pharm.D. degree from the Lebanese American University in Byblos, Lebanon should ask their school to complete and directly submit page 3 of the application to the Board office – FPGEC certification is not required. Applicants who graduated from baccalaureate programs accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) commencing in 1993 and continuing until June 30, 2004 should also ask their school to complete and directly submit page 3 of the application to the Board office – FPGEC certification is not required.

For your information:

Your test results will be mailed to you approximately two to three weeks after the date of testing. **Test results will not be provided over the phone.** To confirm whether a license has been issued, verification of licensure is available on the internet at www.licensepa.state.pa.us.

All pharmacist licenses expire on September 30 of even-numbered years. Therefore, if you apply for a pharmacist license in an even-numbered year (i.e. 2010, 2012, etc.) and you are licensed before mid-July of that even-numbered year, your license will expire on September 30 of that even-numbered year and you must renew your license almost immediately. If you want to avoid the “immediate” renewing of your license, you may choose to schedule your licensing exams (i.e. NAPLEX and/or MPJE) later in the summer (after mid-July of an even-numbered year). Please note that the Board office will process all test results as they are received and will license those candidates who have met all of the licensure requirements.

The MPJE will test your knowledge of all federal and Pennsylvania state laws relating to the practice of pharmacy. Copies of the Pennsylvania Pharmacy Act and Board Regulations are available from the Board of Pharmacy office or may be downloaded/viewed at www.dos.state.pa.us. This web site also provides information on the laws/regulations governing the prescriptive authority of various medical practitioners. Information on the prescriptive authority of a medical practitioner is located under the board that licenses a particular medical practitioner. The Department of Health’s Bureau of Drugs, Devices, and Cosmetics regulates the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act and Regulations and the Generic Equivalent Drug Law. Please check with your local library or school for information regarding these laws. You may also contact the Bureau of Drugs, Devices and Cosmetics at (717) 787-2307 or download/view these laws and regulations at www.health.state.pa.us/ddc.

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An incomplete or inaccurate application may be cause for rejection and ineligibility to take the examinations. Please maintain a copy of this application and all documents submitted to the Board or received from the Board.

FEE: \$45.00 - Make check or money order payable to the "Commonwealth of Pennsylvania." Fees are NOT refundable or transferable. A processing fee of \$20.00 will be charged for any check or money order returned by your bank, regardless of the reason for non-payment.

I am applying for a Pennsylvania pharmacist license by (choose one):

() examination.

() score transfer and I have made or will make arrangements with NABP to transfer my NAPLEX score from _____(please list name of state) to Pennsylvania.

NAME _____
Last First Middle

ADDRESS _____
Street

City State Zip Code

PHONE NUMBER _____ **SOCIAL SECURITY NUMBER** _____

DATE OF BIRTH _____ **E-MAIL ADDRESS** _____

Please note that disclosing your social security number on this application is mandatory in order for the Pennsylvania State Board of Pharmacy to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 PA C.S. § 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare (DPW) information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank (HIPDB). Reports to the HIPDB must include the licensee's social security number.

Name of Pharmacy School _____ Date of Graduation _____

INTERNSHIP - NOTE: 1500 hours of approved internship are required. All internship hours must be submitted to the Board prior to being scheduled for the examination(s). The Pennsylvania Board will accept up to 750 hours earned through a pharmacy school's controlled internship program.

Do you hold a Pennsylvania Pharmacy Intern Registration? Yes No

If yes, please provide the registration number: PI-_____

Have you earned any internship hours in another state and are you using those hours to meet the 1500 hours requirement? Yes No

If yes, list state(s) _____

If yes, please have that state's board submit an official report of internship hours **DIRECTLY** to the Pennsylvania Board.

Applicant's Name and Social Security Number: _____

Answer the following questions. If you answered "YES" to questions 2 through 8, provide complete details on a separate sheet of white paper as well as **certified** copies of relevant documents. **Sign and date below.**

- | | YES | NO |
|---|-------|-------|
| 1. Do you hold or have you previously held a pharmacist license in any state, territory or country? If yes, please list all states, territories and countries below.

_____ | _____ | _____ |
| <p>If you hold or previously held a pharmacist license in an U.S. state, please have that state's board of pharmacy directly submit a letter of good standing to the Pennsylvania Board. If you are a graduate of a foreign pharmacy school who is NOT required to have FPGE Certification, please have the board of pharmacy in the country or territory where you are or were licensed submit directly to the Pennsylvania Board a letter of good standing.</p> | | |
| 2. Have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in another state, territory or country? | _____ | _____ |
| 3. Has any disciplinary action been taken against your license in another state, territory or country? | _____ | _____ |
| 4. Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. | _____ | _____ |
| 5. Have you had practice privileges denied, revoked or restricted? | _____ | _____ |
| 6. Have you had a DEA registration denied, revoked or restricted or have you had provider privileges terminated by any medical assistance agency for cause? | _____ | _____ |
| 7. Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.) | _____ | _____ |
| 8. Have you previously taken and failed the NAPLEX?
If yes, how many times? _____ | _____ | _____ |

VERIFICATION

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 PA C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. Section 4911.

Applicant's written signature

Date

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CERTIFICATE OF PHARMACY EDUCATION AND PHARMACY INTERN EXPERIENCE
(Controlled Internship Program)

THE APPLICANT SHOULD COMPLETE THE FIRST SECTION AND FORWARD THIS PAGE TO THE PHARMACY SCHOOL.

Name of Applicant _____
Last , *First* *Middle*

Address of Applicant _____
Street

_____ *City* *State* *Zip Code*

Applicant's Social Security Number _____

THIS SECTION TO BE COMPLETED BY THE DEAN OR REGISTRAR AND SUBMITTED DIRECTLY TO THE BOARD AT THE ABOVE ADDRESS.

I hereby certify that the above applicant was in regular attendance at the _____
Name of Pharmacy School

for _____ years and that a certificate of graduation with the degree of _____

was or will be issued on _____ .
Graduation Date

I also certify that the applicant was a student enrolled in the Controlled Internship Program for _____ hours and has successfully completed or will complete this program.

Signature of Dean or Registrar *Date*

(SCHOOL SEAL)

IMPORTANT NOTE: This section cannot be completed more than 30 days prior to graduation. If graduation is pending when this section is completed by the Dean or Registrar and graduation does not take place on the date indicated, the Dean or Registrar must notify the Board immediately.

