

**DIVISION OF MEDICAL QUALITY ASSURANCE  
BOARD OF PHARMACY  
4052 BALD CYPRESS WAY, BIN #C-04  
TALLAHASSEE, FLORIDA 32399-3254  
(850) 245-4292**



**PHARMACIST EXAMINATION APPLICATION  
FOR U.S. AND PUERTO RICO GRADUATES  
AND INSTRUCTIONS**

**JULY 2012**



Dear Florida Pharmacist Licensure by Examination Applicant,

Thank you for applying for licensure as a Pharmacist in the State of Florida. The information in this packet has been designed to provide the essential information required to process your application in a timely manner. Your assistance in providing all required information will enable the Florida Board of Pharmacy (the board) staff to process your application as soon as possible. You are encouraged to apply as early as possible, to avoid delays due to a large volume of applicants.

*Florida Statutes* require a completed application and fees before your application can be reviewed. You should use the enclosed checklist to ensure that all sections of the application are complete and that the required forms are submitted. Please read these instructions carefully and fully before submitting the application. You should keep a copy of the completed application and all other materials sent to the board office for your records. When you mail the completed application and fees, use the address noted in the instructions and on the application form.

When your application arrives, your fees will be deposited and verified before the staff review can begin. You will receive a letter acknowledging receipt of your application. The staff will notify you within 30 days if any materials are incomplete. Usually, verifications of licensure from other states and transcripts from schools may take some time in arriving at the board office.

If you need to communicate with the board staff, you are encouraged to email the board staff at [mqa\\_pharmacy@doh.state.fl.us](mailto:mqa_pharmacy@doh.state.fl.us), or you may call us at (850) 245-4292. Phone calls are returned within 24 hours and emails are responded to within 48 hours during normal business hours. Our staff is committed to providing prompt and reliable information to our customers. Many procedures have been streamlined to expedite the processing of applications; we certainly welcome your comments on how our services may be improved.

Sincerely,

Executive Director

## General Information

### The Florida Pharmacist Examination

In order to be licensed as a pharmacist in the State of Florida, you must apply to the Florida Board of Pharmacy (the board), and have passing scores on the North American Pharmacist Licensure Examination™ (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®) (also referred to as the “Florida law exam”). Both parts of the exam are computerized and can be taken in your state. Exams are offered everyday of the year with the exception of holidays and Sundays. Please refer to the NAPLEX®/MPJE® Registration Bulletin for testing locations in your state. The NAPLEX®/MPJE® Registration Bulletin is available on the National Association of Boards of Pharmacy®’s (NABP®) website at [www.nabp.net](http://www.nabp.net).

The board is now a participant in the NAPLEX® Score Transfer Program. If you elect to transfer your NAPLEX® score to Florida, the score is good for three (3) years from the date you took the examination and you will have to fulfill all other requirements for licensure in Florida which includes passing the MPJE®. Please review the requirements for the NAPLEX® Score Transfer Program in the NAPLEX®/MPJE® Registration Bulletin.

**\*If you passed the NAPLEX® examination, please visit our website at [www.doh.state.fl.us/mqa/pharmacy](http://www.doh.state.fl.us/mqa/pharmacy) and review the requirements for licensure by endorsement to see if you qualify by this method. If you would like to apply by endorsement, please visit our website at [www.doh.state.fl.us/mqa/pharmacy](http://www.doh.state.fl.us/mqa/pharmacy) to download an endorsement application.**

### Application Processing

**Please read all application instructions before completing your application.**

IF YOU ARE A FOREIGN GRADUATE YOU HAVE RECEIVED THIS APPLICATION IN ERROR. PLEASE VISIT OUR WEBSITE AT [www.doh.state.fl.us/mqa/pharmacy](http://www.doh.state.fl.us/mqa/pharmacy) TO DOWNLOAD THE FOREIGN GRADUATE APPLICATION.

Within 30 days of receipt of your application and fees, the board office will notify you of the receipt of your application, any required documents, and your status. You can follow the progress of your application through our website at <http://ww2.doh.state.fl.us/mqaservices/login.asp> once we have issued you a username and password. Once your application is complete and you have registered for the NAPLEX® and MPJE® as required, you should receive an Authorization to Test (ATT) from NABP® within 7 days via email. Please make sure the email address you use when registering for the exam(s) is valid. The board office must be notified in writing of anything which changes or affects a response given in your application (e.g., change of name, address, telephone number, arrests or convictions, licensure status or disciplinary action in another state, or an incorrect answer to a question). If you move, you must notify the board, as state mail is not forwarded. **Please download a copy of the laws and rules from the board website at [www.doh.state.fl.us/mqa/pharmacy](http://www.doh.state.fl.us/mqa/pharmacy) for study purposes.**

ALL REQUIREMENTS FOR LICENSURE MUST BE MET WITHIN ONE (1) YEAR OF THE RECEIPT OF YOUR APPLICATION OR THE APPLICATION WILL EXPIRE AND YOU WILL HAVE TO REAPPLY AND RESUBMIT ALL DOCUMENTS.

### **Continuing Education**

All applicants must complete a course on medication errors prior to licensure. The course shall be no less than two (2) contact hours and shall cover the subjects listed in subsection 64B16-26.103(1) (c), Florida Administrative Code (F.A.C.). **Please refer to CE Broker's website at [www.CEBroker.com](http://www.CEBroker.com) and click the Florida Course Search quick link for a list of approved courses.** Submit a copy of the course completion certificate to the board with your application (Item #2).

### **Grade Reports**

Your examination results will be available online at <http://ww2.doh.state.fl.us/ONLINETESTNET/default.aspx> within 30 days of your test date. You will need the last 4 digits of your social security number and your date of birth in order to access your scores online. Please do not telephone the Board office for the results of your examination; we cannot give your results over the phone for any reason.

### **Board Licensure Procedure**

Once you have passed the exam(s), submitted all required documents, and met all licensure requirements, you will be licensed within 14 – 21 business days. A license will be mailed to you within three (3) weeks. **You may lookup your license number on our website at [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa) under "Lookup Licensee."** You may begin practicing pharmacy on your licensure date.

### **Withdrawals**

If you are unable to continue with the licensure process and wish to withdraw your application, you may submit a written request to the board office requesting a refund of the \$195.00 initial licensure/unlicensed activity fee. **Please note that the \$100.00 application fee is non-refundable.** The request must be received prior to the board's granting of licensure. The board reserves the right to deny your request to withdraw your application.

### **Special Testing Assistance**

In order to apply for special accommodations you must have a qualifying medical condition. Download the information booklet at <http://www.doh.state.fl.us/mqa/Exam/spectest.htm> or contact the Testing Services Unit at (850) 245-4252.

**Please note, if the board has questions or concerns about the information contained in your application you may be required to appear before the board prior to the granting of licensure.**

### **Review Course Providers**

A list of organizations that offer review courses for the Law or National section of the Pharmacist Examination may be found on the website at [http://www.doh.state.fl.us/mqa/pharmacy/ph\\_general.html](http://www.doh.state.fl.us/mqa/pharmacy/ph_general.html) . Please be advised that this list is put together as a courtesy to the sponsors and candidates. **The board does not make any recommendations concerning review courses.** Any organization may be added to this list by contacting the board office in writing.

DH-MQA PH1183, 09/09  
Rule 64B16-26.350, F.A.C.

**IMPORTANT NOTICE:**

Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department **shall refuse** to issue a license, certificate or registration and **shall refuse** to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

- For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
  - For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
  - For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;
2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
  3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;
  4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;
  5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

**NOTE:** This section **does not apply** to candidates or applicants for initial licensure or certification who were enrolled in an educational or training program on or before July 1, 2009, which was recognized by a board or, if there is no board, recognized by the department, and who applied for licensure after July 1, 2012.

# REQUIREMENTS FOR FLORIDA PHARMACIST LICENSURE BY EXAMINATION

Please submit the following to the Florida Board of Pharmacy:  
P.O. Box 6320, Tallahassee, FL 32314-6320

**ITEM #1 – Social Security Form:** Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by federal statute. **In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(12), 409.2577, and 409.2598, Florida Statutes (F.S.).** Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317. **Please attach to Item #2 (Application for Pharmacist Examination) with a copy of your Social Security Card.**

**ITEM #2 – Pharmacist Examination Application for U.S. and Puerto Rico Graduates:** All candidates must complete this application. If you answer “yes” to any of the questions in 16-23 on the application, please submit certified official court copies of any supporting documents for the board to review. All sections must be completed in full. If an item is not applicable, indicate with N/A. N/A is not an acceptable answer for yes or no questions and could result in a delay of processing. Failure to submit a complete application will result in a processing delay. If you provide false information, the board may deny your application for licensure. **Please attach a check payable to THE FLORIDA DEPARTMENT OF HEALTH in the amount of \$295.00.**

Please submit the following to the Florida Board of Pharmacy:  
4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399-3254

**ITEM #3 – Certificate of Pharmacy Education (Form A):** Complete only **Part I**, then forward to the College of Pharmacy for the completion of **Part II**. **The College of Pharmacy must mail the form back to the board office or it will not be accepted.**

## **ITEM #4 – Internship or Work Experience Form (Form B)**

**GRADUATES WITH A PHARM.D. DEGREE EARNED AFTER JANUARY 1, 2001:** You are only required to submit a Certification of Graduation (Form A).

**GRADUATES WITH A B.S. or PHARM.D. DEGREE EARNED PRIOR TO JANUARY 1, 2001:** You are required to submit Form A to certify your graduation, and document the completion of 2080 hours of intern or work experience by submitting an Internship or Work Experience Form (Form B) to the board office. **PLEASE BE ADVISED ALL INTERNS MUST HOLD A LICENSE OR PERMIT BY THE STATE IN WHICH THEY ARE PRACTICING IN ORDER TO COUNT THE HOURS AS INTERNSHIP HOURS.** These hours may be sent in by **one or all** of the following:

- From the College of Pharmacy from which you received your degree (Form A).

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Rule 64B16-26.350, F.A.C.

- From the state board of pharmacy in the state you completed your internship (Form B).
- From your Employer. These may be additional hours that the school or state board of pharmacy will not certify (Form B).

If you have worked as a licensed pharmacist in another state for one (1) year or more, you only have to show your work experience to satisfy the 2080 hour requirement. Please have your employer complete the enclosed Internship or Work Experience Form (Form B).

If you are self-employed as a pharmacist, please submit a notarized statement with your Form B attesting to your ownership of the pharmacy.

**ITEM #5 – Licensure Verification Form:** If you have been licensed in any other state, each state must submit a written verification of the current status of your license. It is the applicant's responsibility to contact each state in which they have held or currently hold a license to request licensure verification. The verification must be received directly from the state board of pharmacy, or it will not be accepted. The state board of pharmacy does not have to use the form included in this packet, they may submit their own. **This information is required even if you are no longer licensed in the state.**

## APPLICATION CHECKLIST

Keep a copy of the completed application documents for your records.

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to attach any required document, or to have required documentation sent to the board, will result in an incomplete application. **Final approval cannot be granted until the application is complete.** Faxed applications will not be accepted.

- \_\_\_\_\_ **Social Security Form (Item #1) – (Attach to Item #2)**
  - \_\_\_\_\_ **Copy of Social Security Card attached.**
- \_\_\_\_\_ **Pharmacist Examination Application for U.S. and Puerto Rico Graduates (Item #2)**
  - \_\_\_\_\_ **Check made payable to the FLORIDA DEPARTMENT OF HEALTH in the amount of \$295.00 attached.**
- \_\_\_\_\_ **Certificate of Pharmacy Education – Form A (Item #3) – send to College of Pharmacy Dean for completion. (College of Pharmacy must submit the Certificate directly to the Board of Pharmacy or it will not be accepted.)**
- \_\_\_\_\_ **Internship or Work Experience Form – Form B (Item #4) – an affidavit must be completed by each employer.**
- \_\_\_\_\_ **Licensure Verification Form (Item #5) – must be completed by each state that you have held or currently hold a license. (The state board of pharmacy must submit the form directly to the Board of Pharmacy or it will not be accepted.)**
- \_\_\_\_\_ **NAPLEX®/MPJE® (law exam) Registration Form - You may go online to NABP®'s website at [www.nabp.net](http://www.nabp.net) to register and pay for the exams.**
- \_\_\_\_\_ **Medication Errors Course - All applicants must complete a course on medication errors prior to licensure. The course shall be no less than two (2) contact hours and shall cover the subjects listed in subsection 64B16-26.103(1) (c), F.A.C. Please refer to CE Broker's website at [www.CEBroker.com](http://www.CEBroker.com) and click the Florida Course Search quick link for a list of approved courses. (Submit a copy of the course completion certificate to the Board of Pharmacy.)**
- \_\_\_\_\_ **CRIMINAL HISTORY: “Yes” responses to questions in this section require the following documentation:**
  - \_\_\_\_\_ **Final Dispositions/Arrest Records:** The applicant must obtain and submit arrest and final disposition records for all offenses listed from the Clerk of the Court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the Clerk of the Court attesting to their unavailability.
  - \_\_\_\_\_ **Self-Report:** Applicants who have listed offenses on the application must submit a letter in your own words describing the circumstances of the offense.

### APPLICATION CHECKLIST (continued)

\_\_\_\_\_ **HEALTH HISTORY:** “Yes” responses to questions in this section require the following documentation:

\_\_\_\_\_ Supporting documentation must include a letter from the applicant explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any “yes” answer. Documentation should be current within the last year.

**Keep a copy of the completed application documents for your records.**



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[www.doh.state.fl.us/mqa/pharmacy](http://www.doh.state.fl.us/mqa/pharmacy)

## **CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE**

**Name:** \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

**Social Security Number:** \_\_\_\_\_

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.



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 www.doh.state.fl.us/mqa/pharmacy

**ITEM #2 –PHARMACIST EXAMINATION APPLICATION  
 FOR U.S. AND PUERTO RICO GRADUATES  
 FEE: \$295.00**

Please print or type legibly.

<b>1. Biographical data</b>				
<b>Last name</b>		<b>First name</b>		<b>Middle name</b>
<b>Street address (ML – Mailing Address)</b>			<b>City</b>	<b>State</b>
<b>Work address (PL – Practice Location)</b>			<b>City</b>	<b>State</b>
<b>Home phone number</b>		<b>Business phone number</b>		<b>E-mail address</b>
<b>Date of birth</b>		<b>Place of birth</b>		
<b>2. Equal Opportunity Data</b> – We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38295 (August 25, 1978). The information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.				
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other				
<b>3. Have you ever changed your name through marriage or through action of a court or have you ever been known by any other name? If yes, list name(s) and date(s) of the change(s) below. Use a separate sheet, if necessary.</b>				
Yes _____ No _____				
<b>Name</b>			<b>Date</b>	
<b>4. Name of University, College or School of Pharmacy attended</b>				
<b>5. Date of graduation</b>		<b>6. Type of degree earned</b>		<b>7. Have you ever been licensed as an intern in Florida?</b>
				Yes _____ No _____ Intern License number: _____

8. Are you planning to transfer your NAPLEX® score to Florida? If yes, please indicate approximate date of transfer.

Yes \_\_\_\_\_ Date of transfer: \_\_\_\_\_  
 No \_\_\_\_\_

9. Did you transfer your NAPLEX® score to Florida within the past three (3) years?

Yes \_\_\_\_\_ Date of exam: \_\_\_\_\_  
 No \_\_\_\_\_

10. Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disasters?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Have you ever applied to take the Florida Pharmacist Examination? If yes, please indicate the date.

Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

12. List all experience earned as an intern. If you have been a registered pharmacist for at least one (1) year, list only your pharmacist experience. If you graduated after January 1, 2001 with a Pharm.D. Degree, it is not necessary to complete this section. **Note: you must submit one (1) Internship or Work Experience Form - Form B (Item #4) for each employer listed below. Use a separate sheet, if necessary.**

Dates	Employer	Location	Intern or pharmacy experience	Total hours

13. List all state(s) in which you have held or currently hold a pharmacist license. **Note: you must submit one (1) Licensure Verification Form (Item #5) for each state listed below. Use a separate sheet, if necessary.**

State	License number	Date issued

14. **Special testing accommodations** – please indicate if you require special testing accommodations due to a disability, or if you have a religious conflict with the scheduled examination date. **If yes, complete the “Application for Candidates Requesting Special Testing Accommodations in Accordance with the Americans with Disabilities Act,” form DH-MQA 4000, 6/08, which may be downloaded from the Department’s website at <http://www.doh.state.fl.us/mqa/exam/spectest.htm>, or you may contact Testing Services by phone at (850) 245-4252 for detailed information and an application. All requests must be in writing and include supporting documents.**

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest, to a crime in any jurisdiction other than a minor traffic offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

(You must include all misdemeanors and felonies, even if adjudication was withheld by the court, so that you would not have a record of conviction. Driving under the influence or driving while impaired is NOT a minor traffic offense for the purposes of this question.)

## CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

**16. In the last five (5) years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**17. In the last five (5) years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**18. During the last five (5) years, have you been treated for or had a recurrence of a diagnosed physical impairment that has impaired your ability to practice pharmacy?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**19. In the last five (5) years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five (5) years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

<b>20. Has disciplinary action ever been taken against your pharmacist or any other professional license in this state or any other state?</b>
Yes _____ No _____
<b>21. Have you ever surrendered your pharmacist or any other professional license in another jurisdiction when disciplinary action was pending?</b>
Yes _____ No _____
<b>22. Are you presently being investigated or is any disciplinary action pending against you?</b>
Yes _____ No _____
<b>23. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If no, go to question #25.)</b>
Yes _____ No _____
<b>24. If "yes" to 23, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?</b>
Yes _____ No _____
<b>24a. If "yes" to 23, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6) (a), Florida Statutes).</b>
Yes _____ No _____
<b>24b. If "yes" to 23, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?</b>
Yes _____ No _____
<b>24c. If "yes" to 23, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).</b>
Yes _____ No _____
<b>25. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?</b>
Yes _____ No _____
<b>25a. If "yes" to 25, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?</b>
Yes _____ No _____
<b>26. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 27.)</b>

Yes _____	No _____
<b>27. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?</b>	
Yes _____	No _____
<b>28. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If no, do not answer 28a and 28b.)</b>	
Yes _____	No _____
<b>28a. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?</b>	
Yes _____	No _____
<b>28b. Did the termination occur at least 20 years prior to the date of this application?</b>	
Yes _____	No _____
<b>29. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?</b>	
Yes _____	No _____ (If yes, provide supporting documentation)
<b>30. If "yes" to any of the questions 23 through 29 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)</b>	
Yes _____	No _____
<b>All of the above questions must be answered or your application will be returned for completion. If you answer "yes" to any questions in 16-29, explain on a sheet providing accurate details, and submit a certified official copy of the order of the court or state board of pharmacy, supporting documents or all if applicable.</b>	

Section 456.013(1)(a), F.S., requires that applicants supplement their applications as needed to reflect any material change in any circumstances or changes stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department.

The statements contained in this application are true, complete and correct and I agree that said statements shall form the basis of my application and I do authorize the Florida Board of Pharmacy to make any investigations they deem appropriate and to secure any additional information concerning me. I further authorize them to furnish any information they may have or have in the future concerning me to any person, corporation, institution, association, board or any municipal, county, state, or federal government agencies or units, and that I understand according to the Florida Board of Pharmacy statutes, a pharmacist's license may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other thing, in connection with an application for a license or permit, as set forth in section 456.015(2)(a), F.S.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**NOTE: Please check to be sure that you have answered all of the questions above.**



**FLORIDA BOARD OF PHARMACY**  
 4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254  
 Phone: (850) 245-4292 • www.doh.state.fl.us/mqa/pharmacy

**ITEM #3 - CERTIFICATE OF PHARMACY EDUCATION (FORM A)**

Please print or type legibly.

<b>Part I. – To be completed by applicant and forwarded to the College of Pharmacy for completion of Part II below.</b>			
<b>Last name</b>	<b>First name</b>	<b>Middle name</b>	
<b>Maiden name/surname</b>		<b>Date of graduation</b>	
<b>Mailing address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>Part II. – To be completed by College of Pharmacy Dean</b>			
<b>Name of School/College of Pharmacy</b>			
<b>Mailing address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Type of degree awarded</b>	<b>Date degree awarded</b>	<b>Dates of attendance</b>	
		From: ___/___/___ To: ___/___/___	

The information recorded above is true and correct according to the official records of this institution. Failure to include the school seal may result in a delay in processing the applicant's application.

_____	_____	<b>(SCHOOL SEAL)</b>
Print Name	Signature	
_____	_____	
Title	Date	

**NOTE: Please check to be sure that you have answered all of the questions above.**

**PLEASE RETURN THIS FORM TO THE BOARD OFFICE:**

**FLORIDA BOARD OF PHARMACY  
 4052 BALD CYPRESS WAY  
 BIN #C-04  
 TALLAHASSEE, FL 32399-3254**



**FLORIDA BOARD OF PHARMACY**  
 4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254  
 Phone: (850) 245-4292 • www.doh.state.fl.us/mqa/pharmacy

**ITEM #4 – INTERNSHIP OR WORK EXPERIENCE FORM (FORM B)**

Please print or type legibly.

1. Biographical information			
Applicant name		Intern/pharmacist license number	
Street address		City	
		State	Zip
2. Have you submitted an application for the Florida Pharmacist Examination? If yes, please indicate date.			
Yes _____ No _____ Date _____			

I HEREBY APPLY FOR INTERNSHIP OR WORK EXPERIENCE CREDIT AS OUTLINED BELOW UNDER THE SUPERVISION OF:

3. Pharmacy information			
Supervising Pharmacist's name			License number
Pharmacy name			Permit number
Street address		City	
		State	Zip
Phone number		4. Dates of experience	
		From: ___/___/___ To: ___/___/___	
5. Average number of hours per week		6. Total hours of experience	
<b>(No more than 50 hours per week if you are a student and no more than 60 after graduation is allowed)</b>			

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

This report is a correct statement of fact. The above information was taken from the records of the above named pharmacy and are available for inspection by the Board of Pharmacy.

\_\_\_\_\_  
 Preceptor/Supervisor's Signature

\_\_\_\_\_  
 Date

**NOTE: Please check to be sure that you have answered all of the questions above.**

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**ITEM #5 - LICENSURE VERIFICATION FORM**

**To be completed by applicant licensed as registered pharmacist. Please print or type legibly.**

<b>1. Biographical information</b>			
<b>Applicant name</b>		<b>Date of birth</b>	<b>Social Security Number</b>
<b>Street address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>2. License number</b>		<b>3. Date issued</b>	

**To be completed by state board office:**

The individual listed above has applied for licensure in the State of Florida as a registered pharmacist. Before further consideration is given to this application, we would appreciate your assistance in completing the information requested below. (Upon completion of this form, please return same to the address below.)

<b>4. Licensure verification provided by state of:</b>		<b>5. Applicant's name</b>	
<b>6. Type of license issued</b>	<b>7. Date license issued</b>	<b>8. License number</b>	
<b>9. Current status of license</b>			
<input type="checkbox"/> Active <input type="checkbox"/> In-active <input type="checkbox"/> Other (explain) _____			
<b>10. License obtained by</b>			
Examination _____              Reciprocity/Endorsement _____			
<b>11. Has applicant been found guilty of any violations for which disciplinary action was taken?</b>			
Yes _____      No _____			
Note: if disciplinary action has been taken against this licensee, please provide this office with any documentation regarding this action.			

\_\_\_\_\_  
 Print name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

**PLEASE RETURN THIS FORM TO THE BOARD OFFICE:**

**FLORIDA BOARD OF PHARMACY  
 4052 BALD CYPRESS WAY  
 BIN #C-04  
 TALLAHASSEE, FL 32399-3254**

(BOARD SEAL)

## Frequently Asked Questions

### **Prior Criminal History and Disciplinary Actions**

**Question: What crimes or license discipline must be reported on the application?**

**Answer:** All convictions, guilty pleas, and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes misdemeanors, felonies, “driving while intoxicated (DWI)” and “driving under the influence (DUI).” Crimes must be reported even if they are a suspended imposition of sentence. All prior disciplinary action against any other professional licenses must be reported, whether it occurred in Florida or another state or territory.

**Question: Can a person obtain a license as a pharmacist if they have a misdemeanor or felony crime on their record?**

**Answer:** Each application is evaluated on a case-by-case basis. The board considers the nature, severity, and recency of offenses, as well as rehabilitation and other factors. The board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

**Question: Do I have to report charges if I completed a period of probation and the charges were dismissed or closed?**

**Answer:** Yes. Offenses must be reported to the board even if you received a suspended imposition of sentence and the record is now considered closed.

**Question: What type of documentation do I need to submit in support of my application if I have a prior criminal record or licensure discipline?**

**Answer:** (1) Certified official court document(s) relative to your criminal record, showing the date(s) and circumstance(s) surrounding your arrest(s)/conviction(s), section(s) of the law violated, and disposition of the case. This would normally consist of the Complaint or Indictment, the Judgment, Docket Sheet or other documents showing the disposition of your case. This may also be referred to as the Order of Probation. The clerk of court must certify these documents.

(2) Certified copy of document(s) relative to any disciplinary action taken against any license. The documents must come from the agency that took the disciplinary action and must be certified by that agency.

(3) A detailed description of the circumstances surrounding your criminal record or disciplinary action and a thorough description of the rehabilitative changes in your lifestyle since the time of the offense or disciplinary action which would enable you to avoid future occurrences. It would be helpful to include factors in your life, which you feel may have contributed to your crime or disciplinary action, what you have learned about yourself since that time, and the changes you have made that support your rehabilitation.

## Licensure and Examination

**Question:** Can I register for the NAPLEX® and MPJE® prior to graduation?

**Answer:** You may submit your registration prior to graduating, but the board will not confirm your eligibility until you meet all graduation requirements.

**Question:** Can I score transfer to more than one state?

**Answer:** Yes, if the new state will accept a score transferred from another state, you may score transfer to more than one state. Please contact the state that you are seeking a score transfer to for information. Also, refer to the NAPLEX®/MPJE® Registration Bulletin for details regarding the score transfer program.

**Question:** I registered online and received a confirmation number from NABP®. Can I use this confirmation number to schedule an appointment?

**Answer:** No, the confirmation number is only used as proof of completing the online registration process. You will receive an Authorization to Test (ATT) identification number (via regular mail) from Thomson Prometric upon eligibility approval from the board.

**Question:** When will I get the ATT?

**Answer:** You should receive your ATT within 45 days from the date you mail your application, if the application is complete and you have submitted the registration forms and fees to NABP®.

**Question:** How long is the ATT good for?

**Answer:** One (1) year from the date of receipt of the application. If you are a licensure transfer candidate, you must test before your official application expires. Please contact the board to determine if additional restrictions apply.

**Question:** How do I get an extension on my ATT?

**Answer:** Candidates are given a one-year eligibility period to schedule and take the examination. Requests for eligibility extensions will not be granted. If your eligibility expires, you must submit a new registration form and fees.

**Question:** How do I schedule an appointment?

**Answer:** If you received your ATT letter, you may schedule your appointment via Thomson Prometric's web site, [www.2test.com](http://www.2test.com) or by calling Thomson Prometric's Candidate Services Call Center at 1-800-796-9860.

**Question:** I missed my appointment. How do I schedule a new one?

**Answer:** In order to reactivate/reprocess an ATT, the candidate must submit a letter to NABP®, along with the vendor administrative fee. The vendor administrative fee for NAPLEX® is \$140, and \$60 for MPJE®.

**Question:** Can I take both the NAPLEX® and the MPJE® on the same day?

**Answer:** Yes, if time permits.

**Question:** How long does it take to be approved for the licensure examination?

**Answer:** Florida Statutes allow the board office 30 days to provide a letter regarding the status of the application.

**Question:** Can I work as a pharmacist while I am waiting for approval?

**Answer:** No, however you may work as a licensed intern. You must apply to the board office for a Florida intern license if you do not currently have one.

**Question:** Where can I take the licensure examination?

**Answer:** Both parts of the exam are computerized and can be taken in your state. Exams are offered everyday of the year with the exception of holidays and Sundays. You may schedule an appointment at any testing location.

**Question:** How long do I have after I submit my application to take the licensure examination?

**Answer:** You have one (1) year after the date your application is received by the board to complete all licensure requirements. If you do not complete all licensure requirements within one (1) year, the application will expire and you must reapply.

**Question:** What should I do if I fail the exam?

**Answer:** Register with NAPB and submit the exam fees after the allotted waiting period. You must wait a minimum of 91 days to retake the NAPLEX<sup>®</sup> and a minimum of 30 days to retake the MPJE<sup>®</sup>.

**Question:** What should I do if my name or address change after I apply but before I am licensed?

**Answer:** Complete and mail the change of name or address form to the board office and Testing Services, with all appropriate documentation.

**Question:** How can I find out if I passed my exam(s)?

**Answer:** According to Chapter 456, *Florida Statutes*, results may not be given by telephone for any reason. Results are mailed to the address on the application within 30 days of testing.

Please visit the board's website at [www.doh.state.fl.us/mqa/pharmacy/ph\\_faq.html](http://www.doh.state.fl.us/mqa/pharmacy/ph_faq.html) to view additional frequently asked questions and answers.