

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



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

**July 2008**

**Charlie Crist,  
Governor**

**Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General**

DH-MQA-PH101, 7/08  
Rule 64B16-26.203, F.A.C.



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

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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,

Rebecca R. Poston, R.Ph., C.Ph.  
Executive Director  
Board of Pharmacy

## 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. 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 45 days. 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 choose option #4 for a list of approved providers. Submit a copy of the course completion certificate to the board with your application (Item #2).

### **Grade Reports**

You will receive two (2) separate grade reports; the NAPLEX® grade report and the MPJE® grade report will be mailed to you within 30 days from your test date. **Pass/Fail information is not given out over the phone for any reason. Please wait 30 days from your test date before checking on results.** If you have not received your results within 30 days, please notify the board and another copy will be mailed to you.

### **Board Licensure Procedure**

Once you have passed the exam(s), submitted all required documents, and met all licensure requirements, you will be licensed within 7 – 10 business days. A licensure letter will be mailed to you immediately and the license will be mailed 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**

If you have a disability and require some special accommodation in taking the exam, please refer to the enclosed information. If special accommodations are not requested in advance, the Department of Health (the department) cannot guarantee availability of accommodation on-site.

**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.**

## 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 – Application for Pharmacist Examination:** All candidates must complete this application and have it notarized. 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 2x2 facial photo on the first page of the application and 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).

- 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.**

**Please submit the following to Testing Services:  
Attention: Special Testing Coordinator,  
4052 Bald Cypress Way, Bin C-90, Tallahassee, FL 32399-3260**

**ITEM #6 - Special Testing Accommodations**

**Special Testing Accommodations Due to Disability**

Rules regarding examination procedures for candidates with disabilities are outlined in Chapter 64B-1.005, F.A.C. In accordance with Chapter 64B-1.005, F.A.C., the department will provide reasonable and appropriate accommodations to candidates with physical or learning disabilities to the extent permitted by cost, examination administration constraints, examination security considerations and availability of resources. Candidates requesting special testing accommodations must file a completed application (Part I and Part II) with Testing Services, by the final published application deadline for the licensure examination for which the accommodation is requested.

It is the responsibility of the candidate to provide adequate documentation of his/her disability.

Requests From Candidates Previously Receiving Special Accommodations: Applicants who have previously received special testing accommodations for an examination and need accommodation for another examination or for a retake of the same examination in Florida must file a new application with Testing Services, each time an accommodation is needed.

**Special Testing Accommodations Due to Religious Conflicts**

Modification to reporting times or alternate tests dates may be requested by candidates who, due to their religious beliefs, cannot attend the examination at the scheduled reporting time(s), or on the scheduled date(s). Candidates requesting such accommodation must make application with Testing Services, by the final published application deadline for the licensure examination for which the accommodation is requested. Each request should be accompanied by a letter from a religious leader specifying the religious restrictions that apply.

## APPLICATION CHECKLIST

Keep a copy of the completed application 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.**
- \_\_\_\_\_ **Application for Pharmacist Licensure by Examination (Item #2)**
  - \_\_\_\_\_ **2"x2" photograph attached.**
  - \_\_\_\_\_ **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.)**
- \_\_\_\_\_ **Request for an Application for Special Testing Accommodations (Item #6) – required only for those applicants who wish to request special testing accommodations.**
- \_\_\_\_\_ **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, or you may mail the appropriate fee with your registration forms to NABP®. NABP® does not accept personal checks. Your payment must be in the form of a money order or Cashier's check. **Submit your NAPLEX®/MPJE® registration forms to: National Association of Boards of Pharmacy, 1600 Feehanville Drive, Mt. Prospect, IL 60056. Please DO NOT mail the NAPLEX®/ MPJE® registration fees and forms to the Board of Pharmacy.****
- \_\_\_\_\_ **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 choose option #4 for a list of approved providers. **(Submit a copy of the course completion certificate to the Board of Pharmacy.)****



**FLORIDA BOARD OF PHARMACY**  
P.O. Box 6320 • Tallahassee, FL 32314-6320  
Phone: (850) 245-4292 [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.

Please attach a 2x2 photo here

(Please do not staple photo to application)



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

**ITEM #2 - APPLICATION FOR PHARMACIST EXAMINATION**  
**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>Zip</b>
<b>Work address (PL – Practice Location)</b>			<b>City</b>		<b>State</b>	<b>Zip</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 \_\_\_\_\_

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

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

13. 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

14. 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

15. **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 Request for an Application for Special Testing Accommodations (Item #6) and submit it to Testing Services. You may also contact Testing Services by telephone at (850) 245-4252 for detailed information and an application.** All requests must be made in writing and include supporting documents.

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

**16. 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.)

**17. 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 \_\_\_\_\_

**18. 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 \_\_\_\_\_

**19. 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 \_\_\_\_\_

**20. 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 \_\_\_\_\_

**21. Has disciplinary action ever been taken against your pharmacist or any other professional license in this state or any other state?**

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

<b>22. Have you ever surrendered your pharmacist or any other professional license in another jurisdiction when disciplinary action was pending?</b>
Yes _____ No _____
<b>23. Are you presently being investigated or is any disciplinary action pending against you?</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 16-23, attach a statement giving full details, and submit a certified official copy of the order of the court or state board of pharmacy.</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.**





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**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.**

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

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



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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)

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

## REQUEST FOR AN APPLICATION FOR SPECIAL TESTING ACCOMMODATIONS

To apply for special testing accommodations you may:

- 1) Mail this request to our office and an application will be mailed to you
- 2) Fax this request to our office at (850) 487-9537 and an application will be mailed to you, or
- 3) Visit our website at [www.doh.state.fl.us](http://www.doh.state.fl.us) to download the application

**This form is not an application for special testing accommodations. Please mail the request to the address below. The Department or its test provider will make the arrangements for special testing accommodations only if your application is approved.**

-----  
Please print or type the following information.

Name

\_\_\_\_\_

Last

First

Middle Initial

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number (W) ( ) \_\_\_\_\_ (H) ( ) \_\_\_\_\_

Profession for which you are requesting testing accommodations for:

\_\_\_\_\_

Disability Request?                       Yes  No  
Religious Conflict Request?               Yes  No  
English as Second Language               Yes  No                      (Not an option for all professions)

Have you received special testing accommodations from the State of Florida before?  
 Yes     No

**PLEASE RETURN THIS FORM TO:**

**TESTING SERVICES  
ATTN: SPECIAL TESTING COORDINATOR  
4052 BALD CYPRESS WAY  
BIN # C-90  
TALLAHASSEE, FL 32399-3260  
PHONE: (850) 245-4252    FAX (850) 487-9537**

## REVIEW COURSES

The following is a list of organizations that offer review courses for the Law or National section of the Pharmacist Examination. 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.

To receive additional information regarding these courses, please call or write the following:

Glass Management Services  
Steve Glass, R.Ph., FASHP  
4041 Devlin Court  
Tallahassee, FL 32308  
(850) 904-0779  
Florida Law Review

[www.rxlaw.org](http://www.rxlaw.org)

Steven Strauss, Ph.D., R.Ph.  
Help Pass Pharmacy Florida Law  
39 Prospect Avenue  
Ardsley, NY 10502-2319  
(914) 693-1703  
[www.helppasspharmacylaw.com](http://www.helppasspharmacylaw.com)

Jack Roseberg, Ph.D.  
8 Bluefield Court  
Hillsdale, NJ 07642  
(201) 666-3381  
Law and National Review  
These courses are given in the NY/PA area

Pharmacy Board Review  
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FPGEE®/NAPLEX®/MPJE®  
Review Course  
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## 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.