

PENNSYLVANIA STATE BOARD OF PHARMACY
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www.dos.pa.gov/pharm
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Harrisburg, PA 17105-2649

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Harrisburg, PA 17110

APPLICATION FOR A PENNSYLVANIA PHARMACIST LICENSE (Rev. 9/15)
(May also be used by new graduates to apply for the authorization
to administer injectable medications, biologicals and immunizations)

Students who will soon graduate from pharmacy school may submit the required forms to the Pennsylvania State Board of Pharmacy (Board) office approximately 2 to 3 months before graduation. If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. There will be a delay in the final processing and issuance of your pharmacist license if any of your application materials are outdated.

New graduates who have completed through their school of pharmacy a training program for the authorization to administer injectable medications, biologicals and immunizations may also use this application to apply for the authorization to administer injectable medications, biologicals and immunizations.

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. Note: You must register to take the exams at www.nabp.net **before** the Board office staff can make you eligible to take the exams.

■ The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)

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 1,000 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. Note: You must register to take the exam at www.nabp.net **before** the Board office staff can make you eligible to take the exam.

■ You must make score transfer arrangements for the NAPLEX at NABP's web site – www.nabp.net.

■ The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)

To apply for the **AUTHORIZATION TO ADMINISTER INJECTABLE MEDICATIONS, BIOLOGICALS AND IMMUNIZATIONS:**

If you completed an injectables training program through your school of pharmacy and are applying for the authorization to administer injectable medications, biologicals and immunizations, you must:

1. Submit the \$30 application fee. Note: You may submit a single check for both application fees (i.e. pharmacist license and authorization to administer injectables).
2. Arrange for your school of pharmacy to complete and directly submit to the Board office page four of the application.
3. Submit a photocopy of your current CPR card (including the front, back, and any necessary legend) or CPR certificate. Note: A list of approved CPR providers/programs is posted at www.dos.pa.gov/pharm.
4. Complete and submit application page five to verify that you have the required liability insurance.

FOR INFORMATION ON APPLYING BY RECIPROCITY, please refer to the document entitled “Reciprocal Licensure Instructions” which is posted at www.dos.pa.gov/pharm under “General Board Information”, “Initial/Reactivation Applications”, “Pharmacist”, “Licensure by Reciprocity Information.”

GRADUATES OF FOREIGN PHARMACY SCHOOLS

Note: If you are a graduate of a **foreign** pharmacy school, 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. 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:

Test results may be obtained only through the National Association of Boards of Pharmacy's web site – www.nabp.net. Once the results are posted, please allow the Board time to process the exam score results. The Board will issue your license as soon as possible. When the results are processed, a final review of your application is also conducted to determine whether there is information within your application/file that may need to be updated prior to a license being issued. Information on your license status may be obtained at www.mylicense.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. 2016, 2018, 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.

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards 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). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

The MPJE will test your knowledge of all federal and Pennsylvania state laws and regulations relating to the practice of pharmacy. Copies of the Pennsylvania Pharmacy Act and Board Regulations may be downloaded/viewed at www.dos.pa.gov. 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) 787-4779 or download/view these laws and regulations at www.health.state.pa.us/ddc. Information on the Pennsylvania Department of Health's hospital and long-term care regulations may be viewed at www.health.state.pa.us. For a copy of the Long-Term Care Patient Access to Pharmaceuticals Act (Title 51 Pa.C.S. Chapter 95 – last updated by Act 147 of 2014), please contact the Legislative Reference Bureau at (717) 787-7385 and ask for a copy of Title 51 Pa.C.S. Chapter 95 (last updated by Act 147 of 2014).

APPLICATION FOR A PENNSYLVANIA PHARMACIST LICENSE (# 854 105, Rev. 9/15)

FEE: \$45.00 for a pharmacist license plus \$30.00 if you are also applying for the authorization to administer injectable medications, biologicals and immunizations. Please make the check or money order in the correct amount payable to the "Commonwealth of Pennsylvania." Fees are NOT refundable nor 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 (\$45.00 application fee).
- () 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 (\$45.00 application fee).

I also wish to apply for the authorization to administer injectable medications, biologicals and immunizations (choose one):

- () Yes (additional \$30.00 fee). A copy of my current CPR card/certificate is enclosed (front, back and any necessary legend).
- () No (no additional fee).

NAME _____, _____, _____
Last First Middle

ADDRESS _____
Street

City State Zip Code

PHONE NUMBER _____ **SOCIAL SECURITY NUMBER** _____

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

NAME OF PHARMACY SCHOOL _____

DATE OF GRADUATION _____

IF YOU ARE A GRADUATE OF A FOREIGN PHARMACY SCHOOL WHO IS REQUIRED TO OBTAIN FPGE C CERTIFICATION, please provide the following information:

FPGEC Certificate Number: EE # _____ FPGEC Certification Date: _____

Location of Pharmacy School (City & Country): _____

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 1,000 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 intern hours outside of your academic program and in another state and are you using these 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 intern hours **DIRECTLY** to the Pennsylvania Board. This report should indicate that the intern hours were earned outside of your academic program.

Applicant's Name and Social Security Number: _____

Answer the following questions. If you answer "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.**

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. Yes No

If you hold or previously held a pharmacist license in any 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 FPGEC 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.

2. Have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction? Yes No
3. Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction? Yes No
4. Have you ever 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. Yes No
5. Have you had practice privileges denied, revoked or restricted? Yes No
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? Yes No
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 Pennsylvania Department of State Professional Health Monitoring Program.) Yes No
8. Have you previously taken and failed the NAPLEX? Yes No
If yes, how many times? _____

VERIFICATION

I verify that this application 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 under 18 Pa.C.S. § 4911.

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. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's written signature

Date

PENNSYLVANIA STATE BOARD OF PHARMACY

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

Applicant's Social Security Number _____

THIS SECTION TO BE COMPLETED BY THE DEAN OR REGISTRAR AND SUBMITTED DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF PHARMACY.

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. This form must also be submitted in an envelope with the school of pharmacy's preprinted return address.

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Harrisburg, PA 17105-2649

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**CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE FOR THE AUTHORIZATION
TO ADMINISTER INJECTABLE MEDICATIONS, BIOLOGICALS AND IMMUNIZATIONS**
(9/15)

If you are applying for the authorization to administer injectable medications, biologicals and immunizations, complete this application page and submit it with the other application pages and the application fee.

I, _____, verify that while I hold an active
Full Name

authorization to administer injectable medications, biologicals and immunizations I will maintain professional liability insurance coverage in the amount of at least \$1,000,000 per occurrence or claims made in accordance with Section 9.2(a)(6) of the Pharmacy Act. I understand that failure to maintain insurance coverage as required will subject me to disciplinary proceedings. I will provide proof of insurance coverage to the Pennsylvania State Board of Pharmacy (Board) upon request of authorized representatives of the Board.

I verify that this application 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 under 18 Pa.C.S. § 4911.

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. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Written Signature

Date

Social Security Number