

<b>MAILING ADDRESS:</b> PO Box 2649 Harrisburg, PA 17105-2649	<b>STATE BOARD OF PHARMACY</b> <a href="mailto:st-pharmacy@pa.gov">st-pharmacy@pa.gov</a> 717-783-7156	<b>COURIER ADDRESS:</b> 2601 North Third Street Harrisburg, PA 17110
<b>REQUEST FOR VERIFICATION OF NATIONAL EXAM SCORE TO NABP</b> #854 149 (3/20)		
<ul style="list-style-type: none"> <li>• <b>FEE:</b> To obtain verification of a national examination score when Pennsylvania was your primary state, you must complete this form and return it to the mailing address listed above with a <b>\$25</b> fee (check or money order made payable to the "Commonwealth of Pennsylvania"). Note: There is a <b>\$20</b> charge for all checks returned "NOT PAID" regardless of the reason for non-payment.</li> <li>• The Board office staff will be able to verify your national exam score (ex. NAPLEX, NABPLEX) only to the National Association of Boards of Pharmacy and only if Pennsylvania was the state to authorize you for that national exam.</li> </ul>		

### REGISTRANT INFORMATION – PHARMACIST

<b>PHARMACIST'S NAME:</b>	Last	First	Middle	Maiden
<b>PHARMACIST LICENSE NUMBER:</b>	<b>SOCIAL SECURITY NUMBER:</b>			
<b>E-MAIL ADDRESS:</b>	<b>TELEPHONE NUMBER:</b>			

Note: Once processed, the verification will be mailed directly to the National Association of Boards of Pharmacy.

Before mailing this document to the Pennsylvania State Board of Pharmacy, have you:

1. Fully completed the form?
2. Enclosed a **\$25** check or money order made payable to the "Commonwealth of PA?"