

# APPLICATION FOR EXAMINATION AS A PHARMACIST

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## INSTRUCTIONS

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**\*IF YOU ARE APPLYING BY SCORE TRANSFER, YOU MUST ALSO MEET ALL OF THE FOLLOWING REQUIREMENTS\***

**THE FOLLOWING ITEMS MUST BE *ENCLOSED* WITH THE EXAM APPLICATION:**

- ❶ Examination Fee of \$110.00 (check or money order payable to “Treasurer, State of Ohio”)
- ❷ Head and Shoulders Photograph TAKEN WITHIN THE LAST SIX MONTHS with your name and date taken written on the back

**THE FOLLOWING ITEMS MUST BE *RECEIVED* IN THE BOARD OFFICE **BEFORE** APPROVAL TO SIT FOR THE EXAM CAN BE GIVEN:**

- ❶ Practical Experience Affidavits, unless internship requirement has been met  
**OR**  
If an out-of-state applicant, proof of completing 1,500 hours of internship in another state (YOU must request that the board(s) of pharmacy where the experience was obtained prepare, certify, and send the proof directly to the Ohio Board)
- ❷ Certificate of Pharmacy Education  
**OR**  
Foreign Pharmacy Graduate Examination Commission (FPGEC) Certificate and Test of Spoken English (TSE) Official Score Report

**VIOLATION REPORTS**, pursuant to Item 6 on the exam application, must be in your own words and include a complete description of events leading up to the incident, specifically what occurred, what disposition was made by the court, how you view in retrospect the incident, and any other information you consider to be pertinent. Also, **you** must obtain from the clerk of court's office a certified copy of any court documents for this incident and forward them with your written report. If you have already submitted these documents to the Board, it is not necessary to do so again but you *must* note on the application that the documents were previously submitted.

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**APPLICATION FOR EXAMINATION AS A PHARMACIST FORM # 0201**

- 1 Complete the form then, by hand, enter your SSN and sign in front of a Notary.
- 2 Make a copy for your file.
- 3 Mail original to the Board office. (Return Receipt service recommended)

**TYPE OR  
PRINT LEGIBLY**

BEING NOT LESS THAN EIGHTEEN YEARS OF AGE AND MEETING THE REQUIREMENTS DEMANDED BY SECTION 4729.08 OF THE OHIO REVISED CODE (ORC), I DO HEREBY APPLY FOR EXAMINATION AND REGISTRATION AS A PHARMACIST, AND SUBMIT THE FOLLOWING INFORMATION IN ACCORDANCE WITH ORC SECTION 4729.07:

1. **PERSONAL IDENTIFICATION**

Full Name [as it should appear on the certificate of registration]			
Permanent Residence [Street Address; City, State, Zip Code]			
Date of Birth [mm/dd/yyyy]	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (SSN)	Area Code / Telephone Number <span style="float: right;">Unlisted</span>

2. **APPLYING FOR:**

INITIAL EXAMINATION	RE-EXAMINATION:	Previous Failure Board-Ordered	Lapsed License Revoked License
Specify Exam(s) To Be Taken:	NAPLEX	NAPLEX by SCORE TRANSFER	MPJE

3. **QUALIFICATIONS**

Practical Experience Time:	Internship Requirement Met	Additional hours to be submitted
IF YOU ARE A GRADUATE OF A SCHOOL OF PHARMACY LOCATED IN THE U.S. OR ITS POSSESSIONS:		
Name and Location (City, State) of School of Pharmacy:		Graduation Date:
IF YOU ARE A GRADUATE OF A FOREIGN SCHOOL OF PHARMACY (NOT LOCATED IN THE U.S. OR ITS POSSESSIONS):		
Name and Location of Foreign School of Pharmacy:		Graduation Date:
Date and Score of Foreign Pharmacy Graduate Equivalency Exam (FPGEE):		Date and Score of Test of Spoken English (TSE):

4. **INTERN OR EXTERN REGISTRATIONS** (Attach separate list if licensed in more than one state)

If registered as an <b>INTERN</b> or an <b>EXTERN</b> in <b>any</b> state, give name of State (including Ohio), registration/license number, and status of license:		
State:	License No.:	Current Status: (Active or Inactive)

5. **PHARMACIST REGISTRATIONS** (Attach separate list if licensed in more than one state)

If registered as a <b>PHARMACIST</b> in <b>another</b> state, by examination or reciprocity, give name of State, registration/license number, and status of license:		
State:	License No.:	Current Status: (Active or Inactive)

6. **CHARGES/CONVICTIONS** (Do NOT leave blank or application will be returned)

<b>YES</b>	<b>NO</b>	Have you <i>ever</i> been charged or convicted of a felony or a misdemeanor other than a minor traffic violation ( <i>even if expunged or sealed</i> )?
<b>YES</b>	<b>NO</b>	Have you <i>ever</i> been the subject of disciplinary action by any state or federal agency?
If YES to either above: Has the explanation of charges already been filed with the Board?		
<b>YES</b>	<b>NO</b>	(If NO, explain in detail; listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

7. **DEPOSITION AND SIGNATURE OF APPLICANT** (MUST BE SIGNED IN FRONT OF A NOTARY)

I declare under penalty of Section 2921.13 of the Ohio Revised Code that this application (including any accompanying documents) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete application.	SWORN TO AND SUBSCRIBED BEFORE ME THIS DATE:  _____  _____
<i>SIGN</i> FULL NAME (must be witnessed by a Notary Public)	/SEAL/ <i>SIGNATURE OF NOTARY</i>