

APPLICATION FOR EXAMINATION AS A PHARMACIST

INSTRUCTIONS

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:

- A. ① Examination Fee of \$110.00 (check or money order payable to “Treasurer, State of Ohio”)
- B. Head and Shoulders Photograph (TAKEN WITHIN THE LAST SIX MONTHS with your name and date taken written on the back.)

*** Social Security Number is required per 3123.50 of the Ohio Revised Code. ***

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

- C. Certificate of Pharmacy Education
OR
Foreign Pharmacy Graduate Examination Commission (FPGEC) Certificate and TOEFL-ibt or Test of Spoken English (TSE) Official Score Report
- D. Practical Experience Affidavits, unless internship requirement has been met pursuant to 4729-3-05 of the Administrative Code
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.)

CHARGES/CONVICTIONS: Pursuant to Item 6 on the exam application, you must submit a signed and dated letter, in your own words, with a complete description of events leading up to the incident, specifically what occurred, what disposition was made by the court, how you view the incident in retrospect, 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.

You must report all violations, EVEN IF SEALED OR EXPUNGED! (Section 2953.33 ORC)

Criminal Background Checks

Pursuant to 4729.071 and 4776.02 of the Ohio Revised Code, the Ohio Board of Pharmacy may not issue an initial license to practice pharmacy until the applicant has submitted a request to the Bureau of Criminal Identification and Investigation (BCI & I) for a criminal records check of the applicant. The records check must also include a request for information from the Federal Bureau of Investigation (FBI). The results of criminal records checks are not public records and shall not be made available to any person other than the licensing agency and the applicant or their representative (4776.04 ORC). Please see the Criminal Records Check summary on the Board's website for additional information including a listing of agencies that will take electronic fingerprint impressions for this check.

APPLICATION FOR EXAMINATION AS A PHARMACIST FORM # 0201

- 1 Complete the form (including your SSN) and then 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 <input type="checkbox"/> Unlisted

2. APPLYING FOR:

<input type="checkbox"/> INITIAL EXAMINATION	<input type="checkbox"/> RE-EXAMINATION: <input type="checkbox"/> Previous Failure <input type="checkbox"/> Lapsed License
	<input type="checkbox"/> Board-Ordered <input type="checkbox"/> Revoked License
Specify Exam(s) To Be Taken: <input type="checkbox"/> NAPLEX <input type="checkbox"/> NAPLEX by SCORE TRANSFER <input type="checkbox"/> MPJE	

3. QUALIFICATIONS

Practical Experience Time: <input type="checkbox"/> Internship Requirement Met <input type="checkbox"/> 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) or TOEFL-ibt: _____

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

If registered as an INTERN or an EXTERN in any 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 PHARMACIST in another 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)

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been charged or convicted of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever 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?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	(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: _____
SIGN FULL NAME (must be witnessed by a Notary Public)	[SEAL] SIGNATURE OF NOTARY