



APPLICATION FOR EXAMINATION AS A PHARMACIST

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. Examination Fee of \$110.00 (check or money order payable to "Treasurer, State of Ohio").

If you are a veteran (including active duty) or the spouse/partner of an active duty veteran, please see form 0201-V for a fee waiver.

- B. Head and shoulders photograph (TAKEN WITHIN THE LAST SIX MONTHS with your name and date taken printed on the back)

*** Social Security Number (SSN) is required pursuant to ORC 3123.50***

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 (Letter of graduation from Pharmacy College)

-OR-

Foreign Pharmacy Graduate Examination Commission (FPGEC) Certificate **and** TOEFL-ibt or Test of Spoken English (TSE) Official Score Report **and** Practical Experience Affidavits (Form #0103) with proof of completing 1,500 hours of internship

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** (ORC 2953.33)



Criminal Background Checks

Pursuant to ORC 4729.071 and 4776.02, the State of 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 (ORC 4776.04). 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.

Procedure for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., § 16.34. You may also obtain a copy of your results by contacting the BCI office where you submitted your test. For your convenience, the BCI phone number is 1-877-224-0043 Option 7.

Complete form and then sign in front of a Notary. Make a copy for your file and mail original to the Board office. Type or print legibly.

BEING NOT LESS THAN 18 YEARS OF AGE AND MEETING THE REQUIREMENTS DEMANDED BY ORC 4729.08, I DO HEREBY APPLY FOR EXAMINATION AND REGISTRATION AS A PHARMACIST AND SUBMIT THE FOLLOWING INFORMATION IN ACCORDANCE WITH ORC 4729.07:

1. PERSONAL IDENTIFICATION

Full Name <i>[as it should appear on the certificate of registration]</i>		[Email Address]	
Permanent Residence <i>[Street Address, not P.O. Box]</i>		[City]	[State] [Zip Code]
Date of Birth <i>[mm/dd/yyyy]</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	Area Code / Phone # <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
Specify Exam(s) To Be Taken		<input type="checkbox"/> Board-Ordered	<input type="checkbox"/> Revoked License
		<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 COLLEGE OF PHARMACY LOCATED IN THE U.S. OR ITS POSSESSIONS:		
Name and Location (City, State) of College 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 #	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 #	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 <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>)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	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?	
<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. Send a certified copy of the charging instrument and the final judgment entry for each occurrence. 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 ORC 2921.13 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)	DATE [SEAL] SIGNATURE OF NOTARY