

**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN #C-04
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4292**



**PHARMACIST EXAMINATION APPLICATION
FOR U.S. GRADUATES AND INSTRUCTIONS**

July 2016

General Information

Requirements for Florida Pharmacist Examination

In order to be licensed as a pharmacist in the State of Florida, you must apply to the Florida Board of Pharmacy (the board), and have passing scores on the North American Pharmacist Licensure Examination™ (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®) (also referred to as the “Florida law exam”). Both parts of the exam are computerized and can be taken in your state. Exams are offered everyday of the year with the exception of holidays and Sundays. Please refer to the NAPLEX®/MPJE® Registration Bulletin for testing locations in your state. The NAPLEX®/MPJE® Registration Bulletin is available on the National Association of Boards of Pharmacy’s (NABP®) website at www.nabp.net.

The board is a participant in the NAPLEX® Score Transfer Program. If you elect to transfer your NAPLEX® score to Florida, the score is good for three (3) years from the date you took the examination and you will have to fulfill all other requirements for licensure in Florida which includes passing the MPJE®. Please review the requirements for the NAPLEX® Score Transfer Program in the NAPLEX®/MPJE® Registration Bulletin.

***If you are licensed as a pharmacist in another state and have passed the NAPLEX® examination, please visit our website at www.floridaspharmacy.gov and review the requirements for licensure by endorsement to see if you qualify by this method. If you would like to apply by endorsement, please visit our website at www.floridaspharmacy.gov/resources to download an endorsement application.**

Application Processing

Please read all application instructions before completing your application.

IF YOU ARE A FOREIGN GRADUATE YOU HAVE DOWNLOADED THIS APPLICATION IN ERROR. PLEASE VISIT OUR WEBSITE AT <http://www.floridaspharmacy.gov/resources> TO DOWNLOAD THE LICENSURE BY EXAMINATION FOR FOREIGN GRADUATES APPLICATION.

ALL REQUIREMENTS FOR LICENSURE MUST BE MET WITHIN ONE (1) YEAR OF THE RECEIPT OF YOUR APPLICATION OR THE APPLICATION WILL EXPIRE AND YOU WILL HAVE TO REAPPLY.

Following receipt of the application and fees the board office will acknowledge the receipt of your application and notify you of any missing documentation or information. You can follow the progress of your application through our website at <http://ww2.doh.state.fl.us/mqaservices/login.asp> once we have issued you a username and password. Once your application is complete and you have registered for the NAPLEX® and MPJE® as required, you should receive an Authorization to Test (ATT) from NABP® within 7 days via email. Please make sure the email address you use when registering for the exam(s) is valid. The board office must be notified in writing of anything which changes or affects a response given in your application (e.g., change of name, address, telephone number, arrests or

DOH-MQA 101, 07/16
Rule 64B16-26.203, F.A.C.

convictions, licensure status or disciplinary action in another state, or an incorrect answer to a question). If you move, you must notify the board, as state mail is not forwarded. **Please download a copy of the laws and rules from the board website at <http://www.floridaspharmacy.gov/resources> for study purposes.**

Grade Reports

Your examination results will be available online at <http://flhealthsource.com>, in the “Provider Services” section under “Check Exam Results” within 7-10 days of your test date. You will need the last 4 digits of your social security number and your date of birth in order to access your scores online. Please do not telephone the board office for the results of your examination; we cannot give your results over the phone for any reason.

Board Licensure Procedure

Once you have passed the exam(s), submitted all required documents, and met all licensure requirements, you will receive the license in approximately seven (7) days. **You may lookup your license number on our website at <http://flhealthsource.gov> under “Verify a License”. You may begin practicing pharmacy on your licensure date.**

Withdrawals

If you are unable to continue with the licensure process and wish to withdraw your application, you may submit a written request to the board office requesting a refund of the \$195.00 initial licensure/unlicensed activity fee. The request must be received prior to the board’s granting of licensure. The board reserves the right to deny your request to withdraw your application.

Special Testing Assistance

All testing accommodation requests will be evaluated by the National Association of Boards of Pharmacy (NABP). Please visit <http://www.nabp.net/programs/examination/naplex/testing-accommodations> for information regarding testing accommodations.

Please note, if the board has questions or concerns about the information contained in your application you may be required to appear before the board prior to the granting of licensure.

IMPORTANT NOTICE:

Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department **shall refuse** to issue a license, certificate or registration and **shall refuse** to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

- For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
 - For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
 - For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;
2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
 3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;
 4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;
 5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

REQUIREMENTS FOR FLORIDA PHARMACIST LICENSURE BY EXAMINATION

**Please submit the following to the Florida Board of Pharmacy:
P.O. Box 6320, Tallahassee, FL 32314-6320**

ITEM #1 – Social Security Form: Under the Federal Privacy Act, disclosure of Social Security numbers are voluntary unless specifically required by federal statute. **In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(12), 409.2577, and 409.2598, Florida Statutes (F.S.).** Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317. **Please attach this form to Item #2 (Pharmacist Examination Application).**

ITEM #2 – Pharmacist Examination Application for U.S. Graduates: All candidates must complete this application. If you answer “yes” to any question in 15-28 on the application, please submit official court copies of any supporting documents for the board to review. Supporting documents relative to criminal history consist of:

- Official court documents relative to your criminal record, showing the dates and circumstances surrounding your arrest/conviction,
- Section of the law violated,
- Disposition of the case.

Supporting documents relative to disciplinary history consist of:

- Copies of documents relative to any disciplinary action taken against any license. The documents must come from the agency that took the action.

Applicants who have listed offenses on the application must submit a letter in their own words describing the circumstances of the offense and a thorough description of the rehabilitative changes in your lifestyle since the time of the offense or disciplinary action which would enable you to avoid future occurrences. All sections must be completed in full. If an item is not applicable, indicate with N/A. Failure to submit a complete application will result in a processing delay. If you provide false information, the board may deny your application for licensure. **Please attach a check payable to THE FLORIDA DEPARTMENT OF HEALTH in the amount of \$295.00.**

**Please submit the following to the Florida Board of Pharmacy:
4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399-3254**

ITEM #3 – Certificate of Pharmacy Education (Form A): Complete only **Part I**, then forward to the College of Pharmacy for the completion of **Part II**. **The College of Pharmacy must mail or email the form back to the board office or it will not be accepted. Official transcripts from your College of Pharmacy are also acceptable.**

ITEM #4 – Internship or Work Experience Form (Form B)

GRADUATES WITH A PHARM.D. DEGREE EARNED AFTER JANUARY 1, 2001: You are only required to submit a Certification of Graduation (Form A) or official transcript.

GRADUATES WITH A B.S. or PHARM.D. DEGREE EARNED PRIOR TO JANUARY 1, 2001: You are required to submit Form A or an official transcript to certify your graduation, and document the completion of 2080 hours of intern or work experience by submitting an Internship or Work Experience Form (Form B) to the board office. **PLEASE BE ADVISED ALL INTERNS MUST HOLD A LICENSE OR PERMIT BY THE STATE IN WHICH THEY ARE PRACTICING IN ORDER TO COUNT THE HOURS AS INTERNSHIP HOURS.** These hours may be sent in by **one or all** of the following:

- From the College of Pharmacy from which you received your degree (Form A).
- From the state board of pharmacy in the state you completed your internship (Form B).
- From your Employer. These may be additional hours that the school or state board of pharmacy will not certify (Form B).

If you have worked as a licensed pharmacist in another state for one (1) year or more, you only have to show your work experience to satisfy the 2080 hour requirement. Please have your employer complete the enclosed Internship or Work Experience Form (Form B).

If you are self-employed as a pharmacist, please submit a statement with your Form B certifying your ownership of the pharmacy.

ITEM #5 – Licensure Verification Form: If you have been licensed in any other state, then you must submit a written verification of the current status of your license. **Online verifications are acceptable if they are current and show disciplinary history status.** If an online verification is not submitted with your application, then each state board where you hold a license must submit a written verification of the current status of your license. It is the applicant's responsibility to contact each state in which they have held or currently hold a license to request licensure verification. The verification should be received directly from the state board of pharmacy. The state board of pharmacy does not have to use the form included in this packet, they may submit their own. **This information is required even if you are no longer licensed in the state.**

APPLICATION CHECKLIST

Keep a copy of the completed application documents for your records.

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to attach any required document, or to have required documentation sent to the board, will result in an incomplete application. **Final approval cannot be granted until the application is complete.** Faxed applications will not be accepted.

- _____ **Social Security Form (Item #1) – (Attach to Item #2)**
- _____ **Pharmacist Examination Application for U.S. Graduates (Item #2)**
- _____ **Check made payable to the FLORIDA DEPARTMENT OF HEALTH in the amount of \$295.00 attached.**
- _____ **Certificate of Pharmacy Education – Form A (Item #3) – send to College of Pharmacy Dean for completion. (College of Pharmacy must submit the Certificate directly to the Board of Pharmacy or it will not be accepted.) Official transcripts from your College of Pharmacy are acceptable.**
- _____ **Internship or Work Experience Form – Form B (Item #4) – a separate form must be completed by each employer.**
- _____ **Licensure Verification Form (Item #5) – An online verification or a form completed by the board office must be completed for each U.S. jurisdiction in which you are licensed or have held a license.**
- _____ **NAPLEX®/MPJE® (law exam) Registration** - You must go online to NABP®'s website at www.nabp.net to register and pay for the exams.
- _____ **Criminal History:** “Yes” responses to questions in this section require the following documentation:
 - _____ **Final Dispositions/Arrest Records:** The applicant must obtain and submit arrest and final disposition records for all offenses listed from the Clerk of the Court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the Clerk of the Court attesting to their unavailability.
 - _____ **Self-Report:** Applicants who have listed offenses on the application must submit a letter in your own words describing the circumstances of the offense.
 - _____ **Health History:** “Yes” responses to questions in this section require the following documentation: a letter from the applicant explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any “yes” answer. Documentation should be current within the last year.



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**Item #1-SOCIAL SECURITY FORM
CONFIDENTIAL AND EXEMPT FROM PUBLIC
RECORDS DISCLOSURE**

Name: _____
 Last **First** **Middle**

Social Security Number: _____

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.



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**ITEM #2 –PHARMACIST EXAMINATION APPLICATION
 FOR U.S. GRADUATES
 FEE: \$295.00 (1010)**

Please print or type legibly.

1. Biographical data						
Last name		First name		Middle name		
Street address (ML – Mailing Address)			City		State	Zip
Work address (PL – Practice Location)			City		State	Zip
Home phone number		Business phone number		Date of birth		
CORRESPONDENCE VIA E-MAIL? YES _____ NO _____ By checking “yes”, you agree to allow the board office to contact you with information regarding your application via e-mail. Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.						
Email address			Please print legibly.			
2. Equal Opportunity Data – We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38295 (August 25, 1978). The information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.						
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female						
RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other						
3. Have you ever changed your name through marriage or through action of a court or have you ever been known by any other name? If yes, list name(s) and date(s) of the change(s) below. Use a separate sheet, if necessary.						
Yes _____			No _____			
Name				Date		
4. Name of University, College or School of Pharmacy attended						
5. Date of graduation		6. Type of degree earned		7. Have you ever been licensed as an intern in Florida?		
				Yes _____ No _____		
				Intern License number: _____		

8. Are you planning to transfer your NAPLEX® score to Florida? If yes, please indicate approximate date of transfer.

Yes _____ Date of transfer: _____
 No _____

9. Did you transfer your NAPLEX® score to Florida within the past three (3) years?

Yes _____ Date of exam: _____
 No _____

10. Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disasters?

Yes _____ No _____

11. Have you ever applied to take the Florida Pharmacist Examination? If yes, please indicate the date.

Yes _____ No _____ Date _____

12. List all experience earned as an intern. If you have been a registered pharmacist for at least one (1) year, list only your pharmacist experience. If you graduated after January 1, 2001 with a Pharm.D. Degree, it is not necessary to complete this section. **Note: you must submit one (1) Internship or Work Experience Form - Form B (Item #4) for each employer listed below. Use a separate sheet, if necessary.**

Dates	Employer	Location	Intern or pharmacy experience	Total hours

13. List all state(s) in which you have held or currently hold a pharmacist license. **Note: you must submit one (1) Licensure Verification Form (Item #5) for each state listed below. Use a separate sheet, if necessary.**

State	License number	Date issued

14. Special testing accommodations – Please indicate if you require special testing accommodations due to a disability, or if you have a religious conflict with the scheduled examination date. All testing accommodation requests candidates will be evaluated by the National Association of Boards of Pharmacy (NABP). Please visit <http://www.nabp.net/programs/examination/naplex/testing-accommodations> for information regarding testing accommodations.

Yes _____ No _____

15. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest, to a crime in any jurisdiction other than a minor traffic offense?

Yes _____ No _____

(You must include all misdemeanors and felonies, even if adjudication was withheld by the court, so that you would not have a record of conviction. Driving under the influence or driving while impaired is **NOT** a minor traffic offense for the purposes of this question.)

**CONFIDENTIAL AND EXEMPT FROM PUBLIC
RECORDS DISCLOSURE**

16. In the last five (5) years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?

Yes _____ No _____

17. In the last five (5) years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?

Yes _____ No _____

18. In the last five (5) years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five (5) years?

Yes _____ No _____

19. Has disciplinary action ever been taken against your pharmacist or any other professional license in this state or any other state?
Yes _____ No _____
20. Have you ever surrendered your pharmacist or any other professional license in another jurisdiction when disciplinary action was pending?
Yes _____ No _____
21. Are you presently being investigated or is any disciplinary action pending against you?
Yes _____ No _____
22. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If no, go to question #24.)
Yes _____ No _____
23. If “yes” to 22, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?
Yes _____ No _____
23a. If “yes” to 22, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6) (a), Florida Statutes).
Yes _____ No _____
23b. If “yes” to 22, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?
Yes _____ No _____
23c. If “yes” to 22, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If “yes”, please provide supporting documentation).
Yes _____ No _____
24. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?
Yes _____ No _____
24a. If “yes” to 24, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
Yes _____ No _____

25. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 26.)
Yes _____ No _____
26. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
Yes _____ No _____
27. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program? (If no, do not answer 27a and 27b.)
Yes _____ No _____
27a. Have you been in good standing with a state Medicaid program for the most recent five years?
Yes _____ No _____
27b. Did the termination occur at least 20 years prior to the date of this application?
Yes _____ No _____
28. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?
Yes _____ No _____ (If yes, provide supporting documentation)
All of the above questions must be answered or your application will be returned for completion. If you answer "yes" to any questions in 15-28, explain on a separate sheet providing accurate details, and submit an official copy of the order of the court or state board of pharmacy, supporting documents or all if applicable.

Section 456.013(1)(a), F.S., requires that applicants supplement their applications as needed to reflect any material change in any circumstances or changes stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department.

The statements contained in this application are true, complete and correct and I agree that said statements shall form the basis of my application and I do authorize the Florida Board of Pharmacy to make any investigations they deem appropriate and to secure any additional information concerning me. I further authorize them to furnish any information they may have or have in the future concerning me to any person, corporation, institution, association, board or any municipal, county, state, or federal government agencies or units, and that I understand according to the Florida Board of Pharmacy statutes, a pharmacist's license may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other item, in connection with an application for a license or permit, as set forth in section 465.015(2)(a), F.S.

Applicant Signature

Date

NOTE: Please check to be sure that you have answered all of the questions above.



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ITEM #3 - CERTIFICATE OF PHARMACY EDUCATION (FORM A)

Please print or type legibly.

Part I. – To be completed by applicant and forwarded to the College of Pharmacy for completion of Part II below.			
Last name	First name	Middle name	
Maiden name/surname		Date of graduation	
Mailing address	City	State	Zip
Part II. – To be completed by College of Pharmacy Dean			
Name of School/College of Pharmacy			
Mailing address	City	State	Zip
Type of degree awarded	Date degree awarded	Dates of attendance	
		From: ___/___/___ To: ___/___/___	

The information recorded above is true and correct according to the official records of this institution. Failure to include the school seal may result in a delay in processing the applicant's application.

Print Name

Signature

**(SCHOOL
SEAL)**

Title

Date

NOTE: Please check to be sure that you have answered all of the questions above.

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

**FLORIDA BOARD OF PHARMACY
4052 BALD CYPRESS WAY
BIN #C-04
TALLAHASSEE, FL 32399-3254**



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ITEM #4 – INTERNSHIP OR WORK EXPERIENCE FORM (FORM B)

Please print or type legibly.

1. Biographical information			
Applicant name		Intern/pharmacist license number	
Street address		City	
		State	Zip
2. Have you submitted an application for the Florida Pharmacist Examination? If yes, please indicate date.			
Yes _____ No _____ Date _____			

I HEREBY APPLY FOR INTERNSHIP OR WORK EXPERIENCE CREDIT AS OUTLINED BELOW UNDER THE SUPERVISION OF:

3. Pharmacy information			
Supervising Pharmacist's name			License number
Pharmacy name			Permit number
Street address		City	
		State	Zip
Phone number		4. Dates of experience	
		From: ___/___/___ To: ___/___/___	
5. Average number of hours per week		6. Total hours of experience	
(No more than 50 hours per week if you are a student and no more than 60 after graduation is allowed)			

 Applicant's Signature Date

This report is a correct statement of fact. The above information was taken from the records of the above named pharmacy and are available for inspection by the Board of Pharmacy.

 Preceptor/Supervisor's Signature Date

NOTE: Please check to be sure that you have answered all of the questions above.

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

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 BIN #C-04
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ITEM #5 - LICENSURE VERIFICATION FORM

To be completed by applicant licensed as registered pharmacist. Please print or type legibly.

1. Biographical information			
Applicant name		Date of birth	Social Security Number
Street address	City	State	Zip
2. License number		3. Date issued	

To be completed by state board office:

The individual listed above has applied for licensure in the State of Florida as a registered pharmacist. Before further consideration is given to this application, we would appreciate your assistance in completing the information requested below. (Upon completion of this form, please return same to the address below.)

4. Licensure verification provided by state of:		5. Applicant's name	
6. Type of license issued	7. Date license issued	8. License number	
9. Current status of license			
<input type="checkbox"/> Active <input type="checkbox"/> In-active <input type="checkbox"/> Other (explain) _____			
10. License obtained by			
Examination _____ Reciprocity/Endorsement _____			
11. Has applicant been found guilty of any violations for which disciplinary action was taken?			
Yes _____ No _____			
Note: if disciplinary action has been taken against this licensee, please provide this office with any documentation regarding this action.			

 Print name

 Signature

 Title

 Date

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

**FLORIDA BOARD OF PHARMACY
 4052 BALD CYPRESS WAY
 BIN #C-04
 TALLAHASSEE, FL 32399-3254**

(BOARD SEAL)