



**Memo from: Office of Health Professionals Regulation
Board of Pharmacy**

To: All applicants for Pharmacist and Intern licenses

Date: May 17, 2007

Subject: Application fee increases

Addendum to the following license applications:

Pharmacist by Examination

Pharmacist by Score Transfer

Pharmacist by Reinstatement

Intern Limited Pharmacist

Temporary 90-Day License to Practice Pharmacy by License Transfer

Please note that the fees listed in the attached application have been updated as of May 17, 2007. The correct fees are as follows:

Pharmacist by Examination	\$170
Pharmacist by Score Transfer	\$170
Pharmacist by Reinstatement	\$90
Intern Limited Pharmacist	\$20
Temporary 90-Day License to Practice Pharmacy by License Transfer	\$170

As of May 17, 2007, all applications for the above licenses must be accompanied by payment in full for the above amounts by check or money order.

If you have any questions please contact the Board of Pharmacy at 401-222-2837.

Rules and Regulations Pertaining to Pharmacists, Pharmacies and Manufacturers, Wholesalers and Distributors (R5-19.1-PHAR) are available online at:

<http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4606.pdf>

*** Submit This Page With Application ***

FOR OFFICE USE ONLY



Receipt #

ID #

Issue Date

License # RPH

**State of Rhode Island
Board of Pharmacy**

Room 205
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

**License To Practice Pharmacy
By Transfer of Score**

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2837

TTY/TDD: (800) 745-5555

Fax: (401) 222-2158

GENERAL INFORMATION

Enclosures

The following materials and information are enclosed with this application packet:

Application Process Overview.....	4-5
Instructions for Completing Board Application.....	6-7
Application Materials	
Board Application.....	8-10
Voluntary Race/Ethnicity Questions.....	11-12
Application Checklist.....	13
Certificate of Character.....	14
Preceptor Affidavit of Internship Hours.....	15
Interstate Verification Form	16

Licensure Requirements

U.S. Graduates

- Completion of a first professional degree program in pharmacy located within the United States, which is accredited by the American Council on Pharmaceutical Education.
- Completion of 1,500 hours of internship hours.
- Passage of the North American Pharmacist Licensure Examination (NAPLEX), administered through the National Association of Boards of Pharmacy (NABP).
- Receipt of the NAPLEX **Official Notification of Transfer of Score** from the NABP.
- Passage of the Multistate Pharmacy Jurisprudence Examination (MPJE) for Rhode Island, administered through the NABP.
- License Verification(s) from the board(s) in which a license has been issued (*if applicable*).

The mailing address and telephone number for all U.S. licensing authorities can be obtained at the NABP web site.

www.nabp.net/whoweare/boards.asp

Foreign Pharmacy Graduates

- Completion of a course of study from a college of pharmacy located outside the United States, which is listed in the World Directory of Schools of Pharmacy, published by the World Health Organization.
- Obtained **full certification** from the Foreign Pharmacy Graduate Equivalency Commission (FPGEC), administered through the National Association of Boards of Pharmacy (NABP).
- Completion of 1,500 hours of internship hours.
- Satisfactory passage of the North American Pharmacist Licensure Examination (NAPLEX), administered through the National Association of Boards of Pharmacy.
- Receipt of the NAPLEX **Official Notification of Transfer of Score** from the NABP.
- Passage of the Multistate Pharmacy Jurisprudence Examination (MPJE) for Rhode Island, administered through the NABP.

GENERAL INFORMATION

(continued)

Board of Pharmacy

www.healthri.org/hsr/professions/pharmacy.htm

License Verifications
(All license types)



<http://63.72.31.182/>

(Use the above web site to print a verification of licensure prior to receipt of the official license.)

Rules and Regulations

Pharmacy Act

www.rules.state.ri.us/rules/released/pdf/DOH/DOH_2077.pdf

Disposal of Drugs

www.rules.state.ri.us/rules/released/pdf/DOH/DOH_165_.pdf

Distributors of Controlled Substances

www.rules.state.ri.us/rules/released/pdf/DOH/DOH_164_.pdf

Electronic Data Transfer

www.rules.state.ri.us/rules/released/pdf/DOH/DOH_162_.pdf

Hypodermic Needles/Instruments

www.rules.state.ri.us/rules/released/pdf/DOH/DOH_163_.pdf

Statutes

Pharmacy Act

www.rilin.state.ri.us/statutes/title5/5-19-1/index.htm

Collaborative Practice Act

www.rilin.state.ri.us/statutes/title5/5-19-2/index.htm

Controlled Substances Act

www.rilin.state.ri.us/statutes/title21/21-28/index.htm

Controlled Substances Therapeutic
Research Act

www.rilin.state.ri.us/statutes/title21/21-28-4/index.htm

Drugs & Poisons Generally

www.rilin.state.ri.us/statutes/title21/21-30/index.htm

Food, Drugs & Cosmetics Act

www.rilin.state.ri.us/statutes/title21/21-31/index.htm

Poison Prevention Packaging Act

www.rilin.state.ri.us/statutes/title23/23-14-1/index.htm

Federal Statutes/Forms/Manuals

Code of Federal Regulations

www.access.gpo.gov/nara/cfr/cfr-table-search.htm

DEA Registration Form (224, 224A)

www.deadiversion.usdoj.gov/drugreg/reg_apps/index.html

DEA Applications and Reports On-line
(Form 106, 41 ...)

www.deadiversion.usdoj.gov/21cfr_reports/index.html

Diversion Control Program Newsletters

www.deadiversion.usdoj.gov/pubs/nwsltr/index.html

Pharmacist's Manual

www.deadiversion.usdoj.gov/pubs/manuals/pharm2/index.htm

A Pharmacist's Guide to

Prescription Fraud

www.deadiversion.usdoj.gov/pubs/brochures/pharmguide.htm

Poison Prevention Packaging:

A Text for Pharmacists & Physicians

www.cpsc.gov/CPSCPUB/PUBS/384.pdf

NOTE:

**A BOOK OF RHODE ISLAND LAWS
WILL BE MAILED UPON RECEIPT
OF THE APPLICATION.**

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professions Regulation, and the Rhode Island Board of Pharmacy (BOARD). The Board utilizes the National Association of Boards of Pharmacy (NABP) for administration of the licensure examinations. All licensure applicants must complete and submit a HEALTH application, and all required documentation, **prior** to applying to the NABP for the licensure examinations.

Application Process

In addition to the Board's application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 13) must be submitted for an application to be considered complete. All applications are considered valid for six months from the day they are received at HEALTH. If you do not complete the application process and obtain a license within those six months, a new application and fee must be submitted.

Please allow a minimum of 7 weeks for the entire licensure process to be completed. If you have had disciplinary history in Rhode Island or another state, it may take an additional two or three months for all pertinent documentation to be received, and a decision to be made regarding the issuance of a license. This is an estimate of the amount of time that is required to become licensed, the entire process may take more or less time than estimated.

Only applications that are complete will be declared eligible for the MPJE examination. Licenses will be issued within five working days following the Board's receipt of the MPJE score. Wallet-sized license cards are mailed approximately three weeks from the date of issuance, and are mailed to the address furnished in the application. It is the applicant's responsibility to notify the BOARD office, in writing, if the address changes during the interim. An address change may be emailed to the BOARD at the following web site.

www.healthri.org/hsr/professions/pharmacy.htm

HEALTH will not, for any reason, accelerate processing of one applicant at the expense of other applicants. Once completed, the application will be reviewed, and you will be contacted in writing. Be advised, you may be required to appear for an interview.

NOTE: You may **not** practice in Rhode Island until you have received a license number. The license will expire on June 30th (regardless of the date issued), and a form will be mailed to renew the license for the period July 1st through June 30th.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your BOARD application, please contact the BOARD at (401) 222-2837.

Internship Hours

Rhode Island requires 1,500 hours of internship hours, as a **prerequisite** to applying for licensure. Unless previously submitted, the applicant shall submit on the **Preceptor Affidavit of Internship Hours** form (page 14), which verifies the hours of practical experience under the supervision of a licensed pharmacist. Each preceptor under whom internship hours were accrued must complete an affidavit. The form may be duplicated as needed.

An applicant whose hours have been filed with another board, must request that board to submit directly to the BOARD an affidavit certifying the approved internship. The mailing address and telephone number for all U.S. licensing authorities can be obtained at the NABP web site.

www.nabp.net/howeare/boards.asp

Please, **do not** contact the Rhode Island Board for information on other licensing authorities.

For the first year of licensure following graduation from a college of pharmacy, a pharmacist is exempt from the continuing education requirements. The pharmacist is to write "exempt" on the "first" renewal form after licensure. This exemption applies only to applicants who graduated from a college of pharmacy just prior to licensure.

APPLICATION PROCESS OVERVIEW

(continued)

Foreign Pharmacy Graduates

Graduates of foreign colleges of pharmacy will be declared **ineligible** for the MPJE unless **full** FPGEC Certification is obtained through the National Association of Boards of Pharmacy. FPGEC Certification attests that graduates of foreign schools of pharmacy possess education equivalent to graduates of U.S. Schools of Pharmacy. Only the official **FPGEC Certificate** will be accepted by the Board, and it is a prerequisite to applying for licensure.

Information on the Foreign Pharmacy Graduate Certification Program can be obtained by calling the National Association of Boards of Pharmacy at (847) 698-6227, or by accessing the **Foreign Pharmacy** section on its web site.

www.nabp.net

Graduates of foreign colleges of pharmacy must attach to the application, if not already submitted to the BOARD, a copy of the degree conferred by the college/university that the applicant attended. This copy must be notarized as being a **“true copy of the original”**.

Licensure Examinations

The BOARD requires receipt of the NAPLEX **Official Notification of Transfer of Score** from the NABP to document passage of the NAPLEX. It is recommended that you confirm passage of the NAPLEX prior to making application in Rhode Island. The BOARD requires successful passage of the Multistate Pharmacy Jurisprudence Examination for Rhode Island. The MPJE is a state-specific law examination, and the BOARD will not accept the score attained for another state.

The registration form for the MPJE is in the NAPLEX/MPJE Registration Bulletin (BULLETIN). The BULLETIN can be obtained by calling the BOARD office, or by downloading it from the **Examinations** section of the National Association of Boards of Pharmacy (NABP) web site.

www.nabp.net

The registration MPJE registration form, and its fee, are to be sent directly to the NABP. It is recommended that the registration form be sent via a traceable method (i.e. certified mail, courier...). Mail the registration form to the NABP at the following address. **DO NOT** mail to the BOARD.

**NABP Licensure Exam
700 Busse Highway
Park Ridge, IL 60068**

In approximately four business days after sitting for the examination, the NABP will electronically report the MPJE score to the BOARD. The BOARD will then mail a notification as to the score that was attained.

Examination(s) Failure

The BULLETIN outlines the procedure for applying for reexamination of the MPJE, including the NABP's waiting period between examinations.

R5-19-PHAR, Section 5.2, of the rules and regulations state that, **“An applicant who twice fails any licensing examination shall not be eligible for further examination until the applicant has satisfactorily completed additional preparation as directed and approved by the board. This condition on eligibility also applies to each third and subsequent failure.”**

Candidates who fail the NAPLEX or the MPJE two or more times in another state, will not be permitted to become licensed in Rhode Island through the Transfer of Score mechanism. Applicants would have to apply for licensure through the Transfer of Pharmaceutic Licensure process (reciprocity) after licensure in another state.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the BOARD application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type the information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. It is suggested that you make a copy of your completed application before submitting it to the Board.
5. It is the applicant's responsibility to check on the status of the application.

Completing your Board Application

1. Complete the **Board Application** (pages 8-10). Respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Attach a birth certificate (**original or a copy notarized as being a "true copy of the original"**). For applicants born outside the United States, attach proof of **lawful entry** status. All copies of original documents submitted must be **notarized as being a "true copy of the original"**. Documents that are submitted will not be returned.
3. The application must be notarized, and have a photograph affixed to it, as instructed on page 10. To the right of the picture is a box for the signature of a faculty member which certifies that the picture is the applicant.
4. Attach an official letter from the Dean or designated official of the college of pharmacy to the BOARD application. **Fascimiles will not be accepted.** This letter is to include the date of graduation, degree conferred, and hours accrued under the experiential learning pharmacy practice course. To be eligible for licensure in the State of Rhode Island, **you must be a graduate of an accredited college of pharmacy.**

NOTE: Prior to application for licensure, foreign college of pharmacy graduates must have received **full certification** through the Foreign Pharmacy Graduate Equivalency Commission (FPGEC).

5. Obtain a total of four (4) references attesting to your moral character and temperate habits. Have each reference complete a section on the Certificate of Character (page 14).
6. If not already on file with the Board, a Preceptor Affidavit of Internship Hours (page 15) must be completed by each preceptor under which you accrued hours as an intern. The form may be duplicated as needed. An applicant whose hours have been filed with another board, must request that board to submit an affidavit certifying the approved internship.

You may obtain the mailing address and telephone numbers of all U.S. licensing authorities at the NABP web site.

www.nabp.net/whoware/boards.asp

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION (continued)

7. Make a check or money order (in U.S. Funds only) for the application fee of **\$125.00**, payable to **General Treasurer, State of Rhode Island**, and staple it to the upper left-hand corner of the cover page of the application. This application fee is **NONREFUNDABLE**. [NOTE: This is the BOARD application fee.]

Complete all application materials as instructed and arrange them in the order as they appear in the application checklist (page 13). Attach all documents to the BOARD application, and mail to:

**Rhode Island Department of Health
Board of Pharmacy
Room 205, 3 Capitol Hill
Providence, RI 02908-5097**

Completing the NABP Registration Forms

Registration for the MPJE is made directly with the NABP, with the examination having a specified fee. The NAPLEX/MPJE Registration Bulletin (BULLETIN) will answer questions pertaining to the following.

- MPJE Registration Form and Fees
- Refund and Withdrawal
- Requesting Special Testing Accommodations
- Completing the Registration Form
- Testing Administration
- Authorization to Test
- Scheduling Examination Appointment
- Scheduling Special Testing Accommodations
- Changing Examination Appointment
- Testing Centers
- MPJE Administration
- Score Result
- Reexamination

The BULLETIN can be obtained by calling the BOARD at (401) 222-2837, or downloading it from the **Examinations** section of the National Association of Boards of Pharmacy (NABP) web site.

www.nabp.net

Although the Registration Bulletin indicates that the registration form is to be mailed directly to the BOARD, the ***MPJE registration form is to be mailed to the NABP at the following address.***

**NABP Licensure Exam
700 Busse Highway
Park Ridge, IL 60068**

Do not mail the MPJE registration form to the BOARD.

After receipt of your registration form, the NABP will contact the BOARD to confirm your eligibility to sit for the MPJE. The BOARD will confirm eligibility for examination, ***only*** if all required documentation has been received.



State of Rhode Island Board of Pharmacy

Application for License to Practice Pharmacy by Transfer of Score

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

Please Refer to "Mandatory Addendum to License Application" on the last page of this application

3. Gender

 Male Female

4. Date and Place of Birth

Month

Day

Year

City and State; OR Province and Country, etc., if NOT U.S.

5. Home Address

It is your responsibility to notify the board of all address changes,

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

Home Phone

State

Zip Code

Postal Code, if NOT U.S.

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address

It is your responsibility to notify the board of all address changes,

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

Business Phone

Extension

State

Zip Code

Postal Code, if NOT U.S.

Business Fax

7. Preferred Mailing Address

Please check **ONE**

- Please use my **Home Address** as my preferred mailing address
- Please use my **Business Address** as my preferred mailing address

8. Qualifying Education

Please list the name and information about the accredited college of pharmacy from which you graduated.

Type of School (University, College, Trade/Technical School etc.)																								
Name of School																								
Date Enrolled:					Month		Day		Year			Date Graduated:					Month		Day		Year			
Degree Received (Bachelor of Arts, Doctor of Pharmacy)																								
Major																								
Specialty/Type																				Credit Hours				



DOCUMENTATION: Please attach a letter from the dean of the college of pharmacy from which you graduated, which states the date of graduation, the degree conferred, and the number of hours accrued under the experiential learning pharmacy practice course. This document must be the original (preferred), or a copy which has been **notarized as being a "true copy of the original"**.

9. Pharmacist Licensure

List all states or country that you are now licensed as a pharmacist, or have applied for licensure.

Check here if not applicable.

State/Country:	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Pending	State/Country:	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Pending
_____		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Pending	_____		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Pending
_____		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Pending	_____		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<input type="checkbox"/> Pending

DOCUMENTATION: Send Interstate Verification Form to each entity. (See page 16)

10. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.



Have you ever been convicted of a violation of, or plead Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into a plea bargain related to a felony (including convictions for driving under the influence)?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

_____	Month	Year
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

For purposes of this section, a person shall be deemed to be convicted of a crime if he/she plead guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

11. Disciplinary Questions

Check either Yes or No for each question.

NOTE: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter.

Attach a typed explanation on a separate 8 1/2 x 11 sheet of paper.



- Have you ever had any disciplinary action(s) taken, or is any pending, against your License to Practice, or are any complaints pending in the State of Rhode Island or any other state? Yes No

- Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation? Yes No

- Are there any charges or investigations pending, in any state, against you? Yes No

- Have you ever failed to pass an examination for licensure as a pharmacist? Yes No

Note: If you answered "yes" to any of these questions, you must attach a typed explanation on a separate sheet of paper.

12. Affidavit of Applicant

Complete this section and sign in the presence of a notary public. Make sure that you and the notary public have completed all components accurately and completely.

Application will be returned if not notarized.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentality's (local, state, federal or foreign) to release to the Rhode Island Board of Pharmacy any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice pharmacy in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Pharmacy of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did/did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No/Commission No.

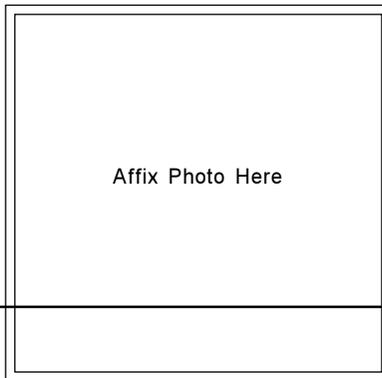
Commission Expiration Date (MM/DD/YY)

13. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport photo, clear, front view, full face without a hat or dark glasses.

Full length photos, black and white or computer-generated photos will not be accepted.



COLLEGE CERTIFICATION

Signature of Faculty Member

Sign your name on the line provided, partly upon the page and partly upon the photograph, and provide the date it was taken. Signature of faculty member must also be provided.



**State of Rhode Island and Providence Plantations
Department of Health**

Office of the Director

Message from the Director of Health

Dear Applicant:

The following page contains questions regarding your race and ethnicity. The Department of Health is attempting to promote diversity among health professionals. The Department can measure its success in promoting diversity by identifying gaps in our diversity. Also, it will utilize this information in order to select members for professional regulatory boards at the Department of Health.

Answering these questions is entirely voluntary. Your willingness to provide this information will not affect your licensure in any way. Data will be used only in accordance with Title VI of the Civil Rights Act of 1964.

Rhode Island has a strong interest in promoting diversity among the health professions. Offering culturally competent health care, better serving minority communities, providing role models for minority youth and encouraging minority persons to become health professionals will make our communities healthier and safer.

Please join us in our attempts to attain these worthy goals by answering the questions on the following page.

Sincerely,

Patricia A. Nolan, MD, MPH
Director of Health

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process has been satisfied. Some items may not apply.

Board Application

- I have read and understand the "Instructions for Completing the Application."
- I have completed the Rhode Island Board application as instructed (page 8-10).
- I have completed Section 12, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- I have attached a photograph to Section 13, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the "**RI General Treasurer**" in the amount of **\$125.00**, and have attached it to the upper left-hand corner of the cover page of the application.
- I have arranged my Board Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (pages 8-10)
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application **MUST** indicate the section for which the information is being reported.]

Other Documents

- I have attached the following documents to the back of the application.
 1. Certificate of Birth (original, or copy notarized as being a "true copy of the original").
 2. Letter from the Dean of the College of Pharmacy, indicating the date of graduation, the type of degree conferred, and the hours accrued under the experiential training pharmacy practice course
 3. Completed Preceptor Affidavit(s) of Internship Hours (original only). [**Note:** if not previously submitted to the board.]
 4. **FPGEE Certificate** (foreign graduates only), or a copy that has been notarized as being a "true copy of the original". [**Note:** if not previously submitted to the board.]
 5. Graduates of foreign colleges of pharmacy must attach to the application, if not already submitted to the BOARD, a copy of the degree conferred by the foreign college/university that the applicant attended. This copy must be notarized as a "true copy of the original".
- I have mailed the above application materials directly to the BOARD, Department of Health.

Required Letter(s) (if applicable)

- I have filed internship hours with another state, and have requested that board to forward a **Verification of Internship Hours** directly to the Rhode Island Board.
- I am/was licensed in another state, and have mailed a **License Verification** to each board in which I was licensed as a pharmacist.



Rhode Island Board of Pharmacy

Room 205, Three Capitol Hill
Providence, RI 02908-5097
(401) 222-2837

Substitute forms are not acceptable .

CERTIFICATION OF CHARACTER

Applicant Should Complete this Section Only:

Print Full Name _____

Signature _____

Date of Birth _____

Date _____

THIS SECTION TO BE COMPLETED BY REFERENCES

I am applying for a license to practice pharmacy in the State of Rhode Island. The Rhode Island Board of Pharmacy requires that I obtain the signatures of four individuals, with whom I am personally acquainted. By signature below, the individuals, to the best of their knowledge and belief, attest to my being a person of good moral character and temperate habits, and that I am worthy to be licensed as a pharmacist in the State of Rhode Island.

Reference #1

Print Full Name _____

Signature _____

Address _____

Date _____

City/State/Zipcode _____

I have known applicant:

Relationship to Applicant _____

_____ years _____ months

Reference #2

Print Full Name _____

Signature _____

Address _____

Date _____

City/State/Zipcode _____

I have known applicant:

Relationship to Applicant _____

_____ years _____ months

Reference #3

Print Full Name _____

Signature _____

Address _____

Date _____

City/State/Zipcode _____

I have known applicant:

Relationship to Applicant _____

_____ years _____ months

Reference #4

Print Full Name _____

Signature _____

Address _____

Date _____

City/State/Zipcode _____

I have known applicant:

Relationship to Applicant _____

_____ years _____ months



Rhode Island Board of Pharmacy

Room 205, Three Capitol Hill
 Providence, RI 02908-5097
 (401) 222-2837

PRECEPTOR AFFIDAVIT OF INTERNSHIP HOURS

Applicant Should Complete this Section Only:

I hold a valid Limited License as a pharmacy intern, and the Rhode Island Board of Pharmacy requires that this form be completed by each licensed pharmacist who served as my preceptor.

Intern Full Name (Print or Type) _____

Previous Names Used _____

Intern Address _____

City/State/Zip _____

*** FOR OFFICE USE ***	
Limited License No.	_____
Date Issued:	_____
Training Period Valid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hours Accepted:	_____

THIS SECTION TO BE COMPLETED BY PRECEPTOR

I am a licensed pharmacist in the State of _____. I am an owner, manager, department head, or employee at a licensed business or institution. I was the preceptor of the above-listed pharmacy intern, who has satisfactorily completed practical experience under my supervision.

Preceptor Full Name (Print or Type) _____

License Number _____

Previous Names Used _____

Pharmacy Name _____

License Number _____

Pharmacy Address _____

Intern's Training Period

<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year		Month	Day	Year

City/State/Zip _____

Hours Accrued by Intern

--

Signature of Preceptor _____ Date _____

Notary:

Name of Notary (Print, Type or Stamp) _____

Signature of Notary _____

Notary No/Commission No. _____

Commission Expiration Date (MM/DD/YY) _____





Substitute forms are not acceptable - This form may be duplicated as needed .

Rhode Island Board of Pharmacy

Room 205, Three Capitol Hill
Providence, RI 02908-5097
(401) 222-5700

INTERSTATE VERIFICATION FORM - OTHER STATES OF LICENSURE

I am applying for a license to practice as a registered pharmacist in the State of Rhode Island. The Rhode Island Board of Pharmacy requires that the following form be completed by the jurisdiction in which I obtained a license. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Pharmacy at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number		

THIS SECTION TO BE COMPLETED BY THE PHARMACY BOARD

License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:
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Reason for "Inactive Status"

Questions:

1. Has this licensed pharmacist ever been investigated by your Board? Yes No
2. Has this licensed pharmacist incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Consent Order, final action, etc..).

Certification:

Signature	Date	Please Affix Board Seal Here
Type or Print Name		
Title		
Full Name of Licensing Board		

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

Applicant: Print your complete name:

State of Rhode Island and Providence Plantations



DEPARTMENT OF HEALTH

Office of the Director

Cannon Building

3 Capitol Hill

Providence, RI 02908-5097

Mandatory Addendum to License Application

Verification of Social Security Number/Federal Employer Identification Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date

Social Security Number (SSN) or Federal Employer Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form MUST be completed, signed and attached to your license application in order for us to process your application.