

INSTRUCTIONS AND REQUIREMENTS FOR LICENSURE BY RECIPROCITY (LICENSURE TRANSFER)

QUALIFICATIONS FOR LICENSING BY RECIPROCITY

- (1) An applicant for licensure by reciprocity (licensure transfer) shall be of good moral character, provide satisfactory evidence that the age of 18 years has been obtained, and shall meet the following requirements:
 - (a) have graduated and received a professional practice degree, as defined by board rule, from an accredited pharmacy degree program approved by the board; or
 - (b) have graduated from a foreign college of pharmacy and obtained full official certification from the FPGEC (Foreign Pharmacy Graduate Equivalency Committee).
 - (c) have presented to the board, proof of current or initial licensing by examination; and proof that the current license and any other license granted to the applicant by another state has not been restricted, suspended, revoked, or surrendered for any reason; and
 - (e) passed the Texas Pharmacy Jurisprudence examination with a minimum grade of 75.
- (2) A person who falsely makes the affidavit prescribed by the above section is guilty of fraudulent and dishonorable conduct and malpractice and is subject to all penalties that may be prescribed for making false affidavit.
- (3) An applicant is not eligible for licensing by reciprocity unless the state in which the applicant is currently or was initially licensed as a pharmacist grants reciprocal licensing to pharmacists licensed by examination in this state, under like circumstances and conditions.

GENERAL INSTRUCTIONS

The Texas Pharmacy Jurisprudence Examination, more commonly known as the MultiState Pharmacy Jurisprudence Examination (MPJE), is administered by the National Association of Board's of Pharmacy (NABP). The MPJE is administered daily, Monday through Friday, excluding holidays, through the Sylvan Technology Centers. The minimum passing score on this exam is 75. Testing appointment information, fee information, participating jurisdictions, and other important procedures are contained in the NAPLEX/MPJE Registration Bulletin.

You must obtain the required forms from the following websites:

- (1) Texas Application for Licensing by Reciprocity (www.tsbp.state.tx.us);
- (2) Preliminary NABP Application (www.nabp.net);
- (3) Candidates Guide to the Texas Pharmacy Jurisprudence Examination (www.tsbp.state.tx.us);
- (4) NAPLEX/MPJE Registration Bulletin (www.nabp.net);
- (5) Registration forms for the MPJE exam may be obtained by contacting Lisa Ake at (512) 305-8011, or lisa.ake@tsbp.state.tx.us.

The NABP Preliminary Application should be completed first and submitted to the NABP offices in Illinois, along with the fee indicated. **The NABP Preliminary Application takes about four to six weeks to process. We suggest you plan ahead and start your application process well in advance of the time you plan to take the MPJE exam.**

****The Texas Application can be mailed in while you are waiting for the official NABP Application to be returned to you.****

The Texas application and the MPJE registration form, will suffice for one administration of the Texas Pharmacy Jurisprudence examination. **Please allow 6 weeks for the processing of your Texas application.** After the Board processes your application and forwards this information to NABP, you will receive an Authorization to Test (ATT). The ATT will be issued and mailed to you by The Chauncey Group International, contracted by NABP. The ATT will contain

the dates you will be eligible to take the MPJE, as well as other information. *Please refer to the MPJE Registration Bulletin for additional important information.*

PHARMACY RULES & LAWS

Information regarding Texas Pharmacy Rules & Laws can be obtained from the Texas State Board of Pharmacy web site at www.tsbp.state.tx.us/rules/

INSTRUCTIONS

- (1) Carefully review the NABP Preliminary Application and complete the application as directed.
- (2) Carefully review the NAPLEX/MPJE registration bulletin and complete the registration form as directed in the bulletin.
- (3) Complete the Texas application.
- (4) **Mail the following items to the Texas State Board of Pharmacy:**
 - (a) Completed Texas application;
 - (b) Money order (**personal checks will not be accepted**) in the amount of **\$255**, payable to the Texas State Board of Pharmacy.
 - (c) A copy of an official identification (driver's license or state issued ID) containing a photograph and signature;
 - (d) A copy of your social security card; and
 - (e) A copy of your birth certificate. If you are a foreign citizen and your birth certificate is not available, send copies of **two** of the following: green card, passport, American driver's license. If you go by a name that is different from the name on your birth certificate, you must provide documentation of a legal name change.
- (5) **Mail the following items to NABP:**
 - (a) Completed NABP Preliminary Application and fee of \$300.00.
 - (b) Completed MPJE registration form; and
 - (c) Fee of \$170, payable to NABP for the MPJE administration. You may choose to include both fees in one money order.

All fees must be paid by money order (personal checks will not be accepted). Please include your name, address and social security number on the money order!

Send money order to:

NABP
1600 FEEHANVILLE DRIVE
MT. PROSPECT, IL 60056

TESTING ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

The Texas State Board of Pharmacy will abide by all applicable federal, state, and local statutes relating to the accommodation of disabled individuals. If you have a disability and may require special accommodation in taking this examination, you may request that the Texas State Board of Pharmacy make special testing arrangements for you. To ensure that the security and integrity of this examination is not compromised, the Texas State Board will evaluate special accommodation requests on a case by case basis. You are advised to contact the Texas State Board of Pharmacy to receive an *Application for Disability Accommodation*. This Application **must be received** by the Board at least 6 weeks prior to the scheduled examination date. If accommodation is not requested by this date, we cannot guarantee the availability of accommodation on-site.

EXAMINATION RESULTS

Examination results **WILL NOT BE DISCLOSED OVER THE TELEPHONE OR FAXED UNDER ANY CIRCUMSTANCES**. Examination results are processed by computer and the standard processing time for Jurisprudence results is **3 WEEKS**.

Every effort is made to process and mail results as soon as possible. **DO NOT CALL THE BOARD OFFICE, OR HAVE SOMEONE ELSE CALL THE BOARD OFFICE, FOR EXAMINATION RESULTS**. **DO** keep us informed at all times of your correct mailing address. An incorrect address will delay your receipt of examination results.



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 ★ Austin, Texas 78701-3942
 512-305-8000 ★ www.tsbp.state.tx.us

APPLICATION FOR PHARMACIST LICENSURE BY RECIPROCITY (Licensure Transfer)

I do hereby submit the following information to establish my eligibility for examination and licensure as a pharmacist under the Texas Pharmacy Act and Rules:

OFFICE USE ONLY
Date Received: _____
Amount: _____
Receipt NO: _____

FIRST NAME		MIDDLE	LAST		
OTHER NAMES USED		DRIVER'S LICENSE NO. & STATE			
HOME/RESIDENT ADDRESS (Required)		CITY	STATE	ZIP	
(AREA CODE) HOME TELEPHONE			(AREA CODE) BUSINESS TELEPHONE		
Providing Address of Record Indicates You Wish the Address and Home Telephone Listed Above Maintained Confidential					
ADDRESS OF RECORD		CITY	STATE	ZIP	(AREA CODE) ALTERNATE TELEPHONE
PLACE OF BIRTH		DATE OF BIRTH	RACE/ETHNICITY	GENDER	
SOCIAL SECURITY NUMBER		Note: Disclosure of Social Security Numbers (SSN) is mandatory under Tex. Fam. Code Ann. §231.302 (Vernon 1999). The SSN is provided to identify persons relative to enforcement of child support payments.			

COLLEGE OF PHARMACY EDUCATION

COLLEGE OF PHARMACY	GRADUATION DATE (MM/DD/YY)	DEGREE
RECIPROCATING FROM THE STATE OF:	LICENSE NO.	LIST OTHER STATES IN WHICH YOU ARE LICENSED

If you have ever been discharged from any position, state specific information including dates:

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:

<p>1 Have you been the subject of <u>any</u> professional disciplinary action or are any such actions pending against you by a regulatory authority? (Examples: surrender, revocation, reinstatement, suspension, fine, probation, restriction). Include such information for <u>all</u> states, including Texas, and for all regulated professions.</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>*If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and, if applicable, the date of the termination of the condition and/or probation.</p>		
<p>2 For any criminal offense, including those pending appeal, have you ever:</p> <p>A. been arrested? B. pled nolo contendere or guilty? C. received deferred adjudication? D. been convicted of a misdemeanor? E. been convicted of a felony?</p>	<input type="checkbox"/> YES* <input type="checkbox"/> YES* <input type="checkbox"/> YES* <input type="checkbox"/> YES* <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO
<p>In answering Questions #2A-E, include all offenses, even those for which you were subject to deferred adjudication. (Examples: assault, theft, possession of controlled substances, public intoxication, DWI, driving under the influence of drugs.)</p>		
<p>3 Have you been subject to a court ordered probation or confinement as related to any offense?</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>4 Have you been convicted of a drug or alcohol related offense, or been subject to a deferred adjudication for this offense? (Examples: possession of controlled substances, public intoxication, DWI, driving under the influence of drugs.)</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>*If you answered "yes" to Questions #2-4, include the name and location of the court, the offense charged, a brief explanation of the offense, the date of action, and, if applicable, the date that probation or confinement ended.</p>		

Fill out the following carefully. Begin with your most recent employment and list every job you have had in the last five years regardless of length of time worked. If you were out of work, sick, or attending school, so state, giving the dates that you were out of work. Do not skip any dates. Knowingly providing misleading or false information will constitute grounds for licensure being denied. Attach additional sheets if necessary.

Dates: _____ Name and Address _____
 (From/To) _____ of Employer: _____

Explain briefly why you left.
 If discharged, state why. _____

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Dates: _____ Name and Address
(From/To) _____ of Employer: _____

Explain briefly why you left.
If discharged, state why. _____

Dates: _____ Name and Address
(From/To) _____ of Employer: _____

Explain briefly why you left.
If discharged, state why. _____

Are you now employed in Texas? YES NO If employed, by whom and in what capacity? _____

May we contact your present employer for reference? YES NO

I authorize any of the persons or organizations referenced in this application to give you any and all information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

In consideration of licensure granted by the Texas State Board of Pharmacy, I agree to be governed and to abide by all the Pharmacy laws of Texas and rules and regulations of the Board.

NOTARIZED APPLICANT AFFIDAVIT

I, _____ hereby attest to the fact that the information on this form, as well as the information on any attachment(s) to this form, is to the best of my knowledge true and correct and that the information is given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of the Texas Pharmacy Act and subject me to the penalties set forth in the Act.

Signature of Applicant

Date

Signature of Notary

Subscribed and sworn to before me this _____ day of _____, A.D. 20 _____

Notary Public in and for _____ County, _____ State. My certificate expires _____