



# TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 ☆ Austin, Texas 78701-3942

Phone: 512-305-8000 ☆ www.tsbp.state.tx.us

## APPLICATION FOR STUDENT PHARMACIST-INTERN REGISTRATION

**IMPORTANT:** Please allow sixty (60) days to process this application prior to beginning work as a Pharmacist-Intern.

FIRST NAME		MIDDLE		LAST	
OTHER NAMES USED				DRIVER'S LICENSE NO. & STATE	
MAILING ADDRESS		CITY		STATE	ZIP
(AREA CODE) HOME TELEPHONE NUMBER			(AREA CODE) WORK TELEPHONE NUMBER		
You May Elect To Have Your Home/Residence Address And Telephone Number Kept Confidential (Not Open To The Public) By Providing Another Address Of Record.					
ADDRESS OF RECORD		CITY		STATE	ZIP
TELEPHONE NUMBER OR RECORD					
PERMANENT ADDRESS		CITY		STATE	ZIP
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.			
<b>COLLEGE OF PHARMACY EDUCATION</b>					
NAME OF COLLEGE		EXPECTED GRADUATION DATE		EXPECTED INTERNSHIP START DATE	

**YOU MAY NOT WORK AS A PHARMACIST-INTERN IN TEXAS UNLESS AND UNTIL YOU RECEIVE A PHARMACIST-INTERN REGISTRATION CARD FROM THE BOARD. IF YOU ARE GRANTED A STUDENT PHARMACIST-INTERN REGISTRATION:**

1. Your student internship remains in effect until the earlier of the following occurs:
  - (A) you voluntarily or involuntarily cease enrollment in a college of pharmacy whose professional degree program has been accredited by ACPE and approved by the Board;
  - (B) you fail to take the next NAPLEX and Texas Jurisprudence Examinations within three calendar months after graduation;
  - (C) you receive the results of the next regularly-scheduled examination after graduation; or
  - (D) you become the subject of Board disciplinary action that prohibits you from serving as a pharmacist-intern.
2. As a student pharmacist-intern, you may not perform any of the duties of a registered pharmacist except when you are working under the continuous and direct supervision of a licensed pharmacist who is registered as a preceptor with the Board.
3. You may only work as a student pharmacist-intern:
  - (A) at sites and times assigned by a Texas college of pharmacy internship program; or
  - (B) in a Texas-licensed pharmacy, provided you work under the supervision of a Board-approved preceptor. These hours must be reported to the Board on a separate form provided by the Board.

4. None of the internship hours worked outside a college of pharmacy internship program may be substituted for any of the hours required in the Texas college of pharmacy internship program.
5. If you perform any duties which you are not authorized to perform, falsely represent yourself as a pharmacist, or engage in any activity in violation of Texas law, including the Texas Pharmacy Act and Rules, your student internship registration may be denied, suspended, or revoked by the Board, and the Board may deny any application you submit for pharmacist licensure in Texas.

**ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:**

<b>1</b> 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.	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
*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.		
<b>2</b> For any criminal offense, including those pending appeal, have you ever:	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<b>A.</b> been arrested?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<b>B.</b> pled nolo contendere or guilty?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<b>C.</b> received deferred adjudication?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<b>D.</b> been convicted of a misdemeanor?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<b>E.</b> been convicted of a felony?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
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.)		
<b>3</b> Have you been subject to a court ordered probation or confinement as related to any offense?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<b>4</b> 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.)	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
*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.		
<i>NOTE: All applicants are subject to a criminal history background check. Any criminal history background will delay notification of the granting or denial of this application.</i>		

**BY SIGNING BELOW, I CERTIFY THAT I HAVE PROVIDED TRUE AND COMPLETE INFORMATION HEREIN AND THAT I MEET THE CRITERIA SET FORTH ABOVE. OMISSIONS OR MISSTATEMENTS MAY RESULT IN DISCIPLINARY ACTION BY THE BOARD, INCLUDING DENIAL OR REVOCATION OF REGISTRATION OR LICENSURE.**

\_\_\_\_\_  
Signature of Student Pharmacist-Intern

\_\_\_\_\_  
Date



# TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-600 ★ Box 21 ★ Austin, Texas 78701-3942

Phone: 512-305-8000 ★ www.tsbp.state.tx.us

**Detach this page and have the College of Pharmacy complete and return it to the Texas State Board of Pharmacy after you have completed 30 credit hours of work towards a professional degree in pharmacy.**

This is to certify that \_\_\_\_\_ is currently enrolled and  
Print Name

attending the \_\_\_\_\_, and on \_\_\_\_\_ completed  
College of Pharmacy Date

the first professional year with a minimum of 30 credit hours of work towards a professional degree in pharmacy. It is anticipated that a professional degree in pharmacy (B.S. or Pharm.D.) will be conferred on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date

(AFFIX SEAL HERE)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_