



TEXAS STATE BOARD OF PHARMACY

1801 Congress Avenue, Suite 13.100 ★ Austin, Texas 78701

512-305-8000 ★ www.pharmacy.texas.gov

EXTENDED PHARMACIST-INTERN APPLICATION

(If You Have A Texas Issued Intern Number – Do Not Submit This Form)

TYPE OR PRINT CLEARLY

SOCIAL SECURITY NO. (Required): _____

I, _____, the undersigned, residing at

Street _____ City _____ State _____ Zip _____

_____, apply to the Texas State Board of Pharmacy for designation as an

(Area Code) Daytime Phone Number _____

Extended Pharmacist-Intern, as provided in the Texas Pharmacy Act and Rules of Procedure. **In statements A – E, you must check all that apply.** In order to apply as an extended intern in Texas, you must have completed Box A or B, **and** Box C, D, or E.

- A.** I have completed all requirements for graduation with a B.S. in pharmacy or a Pharm.D. degree from an ACPE-approved college of pharmacy program; or
- B.** I have obtained a degree in pharmacy outside the United States and have obtained the full certification of the Foreign Pharmacy Graduate Equivalency Commission.

AND

- C.** I have applied to take the NAPLEX and Texas Jurisprudence Examinations within six calendar months after graduation or Foreign Pharmacy Graduate Equivalency Commission (FPGEC); or
- D.** I have taken the first scheduled NAPLEX and Texas Jurisprudence exam in Texas following my graduation;
- E.** I have passed all required examinations for pharmacist licensure in Texas; or
- F.** I am a resident in a residency program accredited by the American Society of Health-System Pharmacists in the state of Texas. Name of Residency of Residency Program: _____

I CERTIFY AND AGREE THAT:

- 1. It is my responsibility to submit this application to the Texas State Board of Pharmacy and approval must be obtained from the Board before engaging in any activities as an extended pharmacist-intern.** The Board will mail a letter designating the applicant an Extended Pharmacist-Intern only AFTER all of the aforementioned requirements have been met.
- 2. As an extended pharmacist-intern, I may not perform any of the duties of a registered pharmacist except when I am working under the continuous and direct supervision of a licensed pharmacist who is registered as a preceptor with the Board. I am required to notify the Board should I change employment and/or preceptor.**

Name of Preceptor License #

Name of Pharmacy License #

- 3. If I perform any duties which I am not authorized to perform, falsely represent myself as a pharmacist, or engage in any activity in violation of Texas law, including the Texas Pharmacy Act and Texas Pharmacy Rules, my extended internship registration may be denied, suspended, or revoked by the Board, and the Board may deny any application I submit for pharmacist licensure in Texas.**
- 4. I must submit records of my internship experience on the form provided by or prescribed by the Board regarding completion of the approved minimum number of hours (1,740), as required by the Accreditation Council for Pharmacy Education (ACPE), internship requirement.**
- 5. I am required to notify the Board, in writing, whenever my address changes during the period I am registered as an extended pharmacist-intern. I would like to give the following PERMANENT ADDRESS OF RECORD from which mail can be forwarded to me.**

Street Address _____ City _____ State & Zip _____

PREVIOUS EXAMINATION AND LICENSURE RECORD

If you have previously taken a Board examination for pharmacist licensure in Texas, or in any other state, please provide the following information. **If you are, or have been, licensed in another state as a pharmacist, you must contact that state board of pharmacy to certify in writing, to the Texas State Board of Pharmacy, the licensure dates and disciplinary standing of your licensure.** If needed, attach additional sheets.

State	Date of Exam	Passed or Failed
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State	Date of Exam	Passed or Failed
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ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:

Failure to disclose any action may result in the license being denied or revoked for falsifying the application.

1 Do you currently hold, or have you ever held, a professional license or registration in Texas, or any other state excluding the Texas Board of Pharmacy? YES NO

*If you answered yes to Question #1, please indicate the license type and license number of professional license, or registration, the state it was issued in and the expiration date.

License Type	License Number	State	Expiration Date

2 Have you been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority? (Examples: denial, surrender, revocation, reinstatement, suspension, fine, reprimand, probation, and restriction). Include such information for all states and all regulated professions, excluding the Texas State Board of Pharmacy. YES NO

*If you answered "yes" to Question #2, provide statement below or attach documentation that includes the name of the regulatory authority and the date of the action(s). _____

APPLICANT AFFIDAVIT

I CERTIFY THAT I MEET THE CRITERIA SET FORTH ABOVE AND AGREE TO COMPLY WITH THESE REQUIREMENTS.

Signature of Extended Pharmacist-Intern	Date
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FAXES NOT ACCEPTED

Clear Form

