



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-500 ☆ ☆ Austin, Texas 78701

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 1500-hour 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	License Number

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:

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.	<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.			
2	For any criminal offense, including those pending appeal, have you ever: A. been arrested? B. been charged with a crime but not arrested? C. pled nolo contendere? D. pled guilty? E. received deferred adjudication for a misdemeanor? F. received deferred adjudication for a felony? G. been convicted of a misdemeanor? H. been convicted of a felony?	<input type="checkbox"/> YES* <input type="checkbox"/> YES* <input type="checkbox"/> YES* <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 <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO
In answering Questions #2A-H, include all offenses, even those for which you were subject to deferred adjudication. (Examples: assault, theft, theft by check, driving while license suspended, possession of controlled substances, public intoxication, DWI, driving under the influence of drugs.)			
3	Have you been subject to a court ordered probation or confinement as related to any offense?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
4	Have you served time in prison for any offense?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
5	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
6	Are you a registered sex offender in Texas or in any other state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "yes" to Questions #3-5, 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.			
7	Have you ever been licensed, certified, or registered with another State Board of Pharmacy as a pharmacist, pharmacist intern, or pharmacy technician?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
*If you answered yes to Questions #7, please indicate the type of license, certification or registration that you received the dates of registration, and the registration number.			

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

Signature of Extended Pharmacist-Intern

Date

FAXES NOT ACCEPTED