



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-500 ★ Austin, Texas 78701-3942
 512-305-8000 ★ www.pharmacy.texas.gov

APPLICATION FOR TEXAS PHARMACIST RELICENSURE

Type or Print Clearly

FIRST NAME		MIDDLE		LAST	
OTHER NAMES USED (including maiden and previously used married names)				DRIVER'S LICENSE NO. & STATE	
HOME ADDRESS		CITY		STATE	ZIP
HOME TELEPHONE NUMBER			BUSINESS TELEPHONE NUMBER		
()			()		
<i>If you would prefer the home address and telephone number to remain confidential, provide an Address of Public Record below</i>					
ADDRESS OF PUBLIC RECORD		CITY		STATE	ZIP
PUBLIC RECORD TELEPHONE NUMBER					
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

NAME OF COLLEGE		GRADUATION DATE	DEGREE

PREVIOUS LICENSURE INFORMATION

Previous Texas License No.: _____

*All <u>Other</u> State(s) Licensed	Date Acquired	Certificate #	Current Status & Expiration Date

*Note: Board of Pharmacy of this state must send verification of licensure directly to the Texas State Board of Pharmacy.

EMPLOYMENT HISTORY

Fill out the following carefully. Begin with your most recent employment and list every job you have had since your Texas pharmacist license expired. If you were unemployed, 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. If needed, attach additional sheets.

Dates: (From/To) _____ Employer Name: _____

Job Title: _____ Employer Address: _____

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

Dates: (From/To) _____ Employer Name: _____

Job Title: _____ Employer Address: _____

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

Dates: (From/To) _____ Employer Name: _____

Job Title: _____ Employer Address: _____

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

Dates: (From/To) _____ Employer Name: _____

Job Title: _____ Employer Address: _____

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

Dates: (From/To) _____ Employer Name: _____

Job Title: _____ Employer Address: _____

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

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, provide statement below or attach documentation that includes 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, provide statement below or attach documentation that includes 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 or have you ever been required to register as a sex offender in Texas or in any other state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "yes" to Questions #3-6, provide statement below or attach documentation that includes 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 below.			

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

INSTRUCTIONS AND REQUIREMENTS FOR RELICENSURE

ELIGIBILITY REQUIREMENTS

If a candidate is practicing pharmacy in another state, and has been engaged in the practice of pharmacy in the other state for two years preceding the application, these requirements need to be fulfilled:

- (1) makes application for licensure to the board on a form prescribed by the board; and
- (2) submits to the board certification that:
 - (a) applicant is licensed as a pharmacist in another state and that such license is current and not on inactive status;
 - (b) has been continuously employed as a pharmacist in that state for the two years preceding the application; and
 - (c) has completed a minimum of 30 contact hours of approved continuing education during the preceding two license years.
- (3) passes the Texas Pharmacy Jurisprudence Examination with a grade of 75; and
- (4) pays the application fee of \$103.

If the candidate has not practiced pharmacy for the two years preceding application for licensure and the candidate's Texas pharmacist license has been expired for less than 10 years, these requirements need to be fulfilled:

- (1) make application for licensure to the board on a form prescribed by the board;
- (2) pass the Texas Pharmacy Jurisprudence Examination with a grade of 75;
- (3) pays the application fee of \$103; and
- (4) complete approved continuing education and/or board-approved internship requirements according to §283.10 (g) d. (relating to schedule of approved continuing education and/or internship requirements).

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 Saturday, excluding holidays, through the contracted testing site. The minimum passing score on this exam is 75. Testing appointment information, fee information, participating jurisdictions, and other important procedures are contained in the MPJE Registration Bulletin.

You must obtain the required forms from the following websites:

- (1) Texas Application for Pharmacist Relicensure (www.pharmacy.texas.gov);
- (2) Candidates Guide to the Texas Pharmacy Jurisprudence Examination (www.pharmacy.texas.gov);
- (3) MPJE Registration Bulletin (<https://nabp.pharmacy/>);
- (4) Registration forms for the MPJE exams may be obtained online (<https://nabp.pharmacy/>).

The Texas application and the MPJE registration form, will suffice for one administration of the Texas Pharmacy Jurisprudence examination. **Please allow 8 weeks for the processing of your application and registration forms.** 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 Pearson VUE, 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 <http://www.pharmacy.texas.gov/rules/>

INSTRUCTIONS

- (1) Carefully review the NAPLEX/MPJE registration bulletin and complete the MPJE registration form as directed in the bulletin.
- (2) Complete the Texas application.
- (3) **Mail the following items to the Texas State Board of Pharmacy:**
 - (a) completed Texas application;
 - (b) money order (**personal check will not be accepted**) in the amount of **\$103**, payable to the Texas State Board of Pharmacy;
 - (c) a copy of your current driver's license or a state issued identification card containing a photo and a signature;
 - (d) a copy of your social security card; and
 - (e) a copy of your birth certificate. Permanent Resident Card, naturalization paper or passport, may be substituted for birth certificate. If your name is different from any of the above documents, you must send a legal document of a court ordered change of name (i.e., marriage certificate).
- (4) **Complete application with NABP to sit for the MPJE online at <https://nabp.pharmacy/>.**

FINGERPRINTING:

FINGERPRINT SESSION REQUIRED: Applicants must complete a fingerprint session, unless fingerprinted with a different application type for TSBP within the past 36 months. The fee for fingerprinting is less than \$50. Fingerprint session instructions will be sent to the applicant via email after the application has been received by the board. If you have submitted an application and did not receive the email, contact the Board at (512) 305-8000.

Applicants (using an address) not located in Texas, will receive a packet in the mail with a fingerprint form and instructions sheet because the approved state vendor does not always allow a digital scan. The fingerprint packet is automatically mailed to the address provided on the application. Allow 2 to 3 weeks the packet to arrive via U.S. Postal Service.

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 scores are downloaded from NABP generally at the beginning of each week. Licenses are issued generally by the end of each week. Licenses can be verified at: http://www.pharmacy.texas.gov/dbsearch/pht_search.asp. If an applicant believes a license should have been issued, but cannot verify it online, they should check again the following Friday.

Exam results are available at: <https://nabp.pharmacy/programs/mpje/score-results/> Passing an exam does not indicate that a license has been issued. New pharmacists will receive a letter from TSBP, which may take 3 weeks to receive.

NOTE: Applicants are limited to five attempts to pass either exam. NABP requires a 30 day waiting period to retake the MPJE. If an applicant fails an exam, TSBP will automatically mail out the required paper retake application. Allow at least 3 weeks for the retake packet or further instructions to be received in the mail before contacting TSBP staff.