



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 ★ Austin, Texas 78701-3942
512-305-8000 ★ www.pharmacy.texas.gov

APPLICATION FOR TEXAS PHARMACIST RELICENSURE

Print Clearly

FIRST NAME	MIDDLE	LAST
OTHER NAMES USED (including maiden and previously used married names)		DRIVER'S LICENSE NO. & STATE

MAIN ADDRESS (confidential) AND CONTACT INFORMATION

You must provide a main address (confidential) and an address which may be provided to the public. You may enter the same address in both address types

STREET	CITY	STATE	ZIP
HOME TELEPHONE NUMBER		BUSINESS TELEPHONE NUMBER	
()		()	

check this box if your public address is the same as your main address

PUBLIC ADDRESS (alternate address which may be provided to the public)

STREET	CITY	STATE	ZIP
PLACE OF BIRTH	DATE OF BIRTH	RACE/ETHNICITY	GENDER
SOCIAL SECURITY NUMBER	<small>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.</small>		

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 the abovestate 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:

<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: denial, surrender, revocation, reinstatement, suspension, fine, reprimand, 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?</p> <p>B. been charged with a crime but not arrested?</p> <p>C. pled nolo contendere?</p> <p>D. pled guilty?</p> <p>E. received deferred adjudication for a misdemeanor?</p> <p>F. received deferred adjudication for a felony?</p> <p>G. been convicted of a misdemeanor?</p> <p>H. been convicted of a felony?</p>	<input type="checkbox"/> YES* <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> NO
<p>*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.)</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 served time in prison for any offense?</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>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).</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>6 Are you a registered sex offender in Texas or in any other state?</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>*If you answered "yes" to Questions #3-6, 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>		
<p>7 Have you ever been licensed, certified, or registered with another State Board of Pharmacy as a pharmacist, pharmacist intern, or pharmacy technician?</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>*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.</p>		

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 _____

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 examination 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 examination 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 Friday, excluding holidays, through the a 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 NAPLEX/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) NAPLEX/MPJE Registration Bulletin (www.nabp.net);
- (4) Registration forms for the NAPLEX and MPJE exams may be obtained online (www.nabp.net).

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 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 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. 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.
- (4) **Complete application with NABP to sit for the MPJE online at www.nabp.net.**

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, POSTED ON WEB, EMAILED OR FAXED UNDER ANY CIRCUMSTANCES**. Examination results are processed by computer the standard processing time for Jurisprudence results is approximately **3 WEEKS**. Results will be in a written letter mailed via U.S. Postal Service.

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.

Your cooperation will ensure that the Board staff can devote their time to the task of accurately processing the results for everyone.