DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN #C-04
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4292

PHARMACIST LICENSURE BY ENDORSEMENT APPLICATION AND INSTRUCTIONS

(Foreign Graduates)

October 2016

DOH-MQA 1196, 10/16
Rule 64B16-26.204, F.A.C.

General Information

Requirements for Florida Pharmacist Licensure by Endorsement

Pursuant to Section 465.0075, *Florida Statutes* (F.S.), to become licensed as a Pharmacist in the State of Florida by endorsement, a graduate of a school or college of pharmacy located outside of the United Sates must meet the following requirements:

Foreign graduate applicants (graduates of schools or colleges of pharmacy not accredited by an accrediting body recognized by the United States Department of Education and located outside the U.S.) must meet all of the following requirements:

1) Meet the qualification for licensure in Section 465.007(1)(b), F.S:

   a. Is not less than 18 years of age.

   b. Submit evidence that the applicant is a graduate of a 4-year undergraduate pharmacy program of a school or college of pharmacy located outside the United States, and completed a minimum of 500 hours in a supervised work activity program in the State of Florida under the supervision of a pharmacist licensed in the state of Florida. The program must be approved by the Board.

   c. Has obtained passing scores on the Test of English as a Foreign Language (TOEFL) and the Test of Spoken English (TSE), or the TOEFL iBT.

      Passing Scores:

TOEFL:		TOEFL iBT:
213 (computer based test)		Listening – 18
550 (paper and pencil test)	OR	Reading – 21
		Speaking – 26
TSE:		Writing – 24
50		

   d. Obtain a passing score on the Foreign Pharmacy Graduate Equivalency Examination (FPGEE). To obtain information about this examination, please contact the Foreign Pharmacy Graduate Equivalency Commission (FPGEC®) at 1600 Feehanville Drive, Mount Prospect, IL 60056, or call (847) 391-4406.

2) Submit evidence of the applicant's active licensed practice of pharmacy in another state for at least two (2) of the immediately preceding five (5) years. Candidates applying by this method must submit evidence of completion of 30 hours of board approved continuing education for the two (2) years preceding the application; or

   Completed 2080 internship hours in a program that has been approved by the board within two years from the date of receipt of your application (Per Rule 64B16-26.2031(5), Florida Administrative Code (F.A.C.); or

Completed of a Board-approved Post-Graduate Training Course or Board-approved Post Graduate Clinical Competency Examination.

3) Have obtained a passing score on the North American Pharmacist Licensure Examination™ (NAPLEX®) or a similar nationally recognized examination.

4) Complete the Licensure by Endorsement Application and submit it with the appropriate fee and supporting documentation to the board.

Obtain a passing score on the Multistate Pharmacy Jurisprudence Examination® (MPJE®) (law exam). The MPJE® exam is computerized and can be taken in your state. Exams are offered every day of the year with the exception of holidays and Sundays.

If you do not meet these requirements, you must apply by for licensure by examination. You will be required to take both the NAPLEX® and the Multistate Pharmacy Jurisprudence Examination® (MPJE®) (law exam) when applying by examination unless your NAPLEX® score was transferred to Florida within three (3) years of your exam date. Please visit our website at www.floridaspharmacy.gov/licensing to download the "Pharmacist Licensure by Examination Application and Instructions."

IMPORTANT NOTICE:
Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department **shall refuse** to issue a license, certificate or registration and **shall refuse** to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

   Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

   - For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
   - For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
   - For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;

2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;

3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;

4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;

5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

Application Processing

Please read all application instructions before completing your application.

Following receipt of the application and fees, the board office will acknowledge receipt of your application and notify you of any missing documentation or information. You can follow the progress of your application thorough our website at http://ww2.doh.state.fl.us/mqaservices/login.asp once we have issued you a username and password. Once your application is complete and you have registered for the NAPLEX® and MPJE® as required, you should receive an Authorization to Test (ATT) from NABP® within 7 days via email. The board office must be notified in writing of anything which changes or affects a response given in your application (e.g., change of name, address, telephone number, arrests or convictions, licensure status or disciplinary action in another state, or an incorrect answer to a question). If you move, you must notify the board, as official State of Florida correspondence is not forwarded by the Board office. **Please download a copy of the laws and rules from the board website at www.floridaspharmacy.gov/resources for study purposes.**

Grade Reports

Your examination results will be available online at www.flhealthsource.gov under "Provider Services" and "Check Exam Results" within 7-10 days of your test date. You will need the last 4 digits of your social security number and your date of birth in order to access your scores online. Please do not telephone the Board office for the results of your examination; we cannot give your results over the phone for any reason.

Board Licensure Procedure

Once you have passed the exam, submitted all required documents, and met all licensure requirements, you will be licensed within 14 – 21 business days. A license will be mailed within three (3) weeks. **You may look up your license number on our website at www.flhealthsource.gov under "Verify Licensee." You may begin practicing pharmacy on your licensure date.**

Withdrawals

If you are unable to continue with the licensure process and wish to withdraw your application, you may submit a written request to the board office requesting a refund of the $195.00 initial licensure/unlicensed activity fee. **Please note that the $100.00 application fee is nonrefundable.** The request must be received prior to the board's granting or denying of licensure. The board reserves the right to deny your withdrawal request.

Special Testing Assistance

All testing accommodation requests will be evaluated by the National Association of Boards of Pharmacy (NABP). Please visit www.nabp.net/programs/examination/naplex/testingaccomodations for more information.

Please note, if the board has questions or concerns about the information contained in your application you may be required to appear in person before the board.

REQUIREMENTS FOR FLORIDA PHARMACIST LICENSURE BY ENDORSEMENT

Please submit the following to the Florida Board of Pharmacy: P.O. Box 6320, Tallahassee, FL 32314-6320

ITEM #1 – Social Security Number: Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by federal statute. **In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(12), 409.2577, and 409.2598, Florida Statutes (F.S.).** Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317.

ITEM #2 – Pharmacist Licensure by Endorsement Application: All candidates must complete this application. If you answer "yes" to any question in 15-22 on the application, please submit official court copies of any supporting documents for the board to review.

Supporting documents relative to criminal history consist of official court documents relative to your criminal record showing:

- The dates and circumstances surrounding your arrest/conviction;
- Section of law violated; and
- Disposition of case.

Supporting documents relative to disciplinary history consist of copies of any disciplinary action taken against the license. These documents must be sent directly to the Board office from the regulatory agency or body that that took the action.

Applicants who have listed criminal or disciplinary offenses on the application must submit a letter in their own words describing the circumstances of the offense and the rehabilitative efforts since the time of the offense which would enable you to avoid future occurrences.

All sections of the application must be completed in full. If an item is not applicable, indicate with N/A. N/A is not an acceptable answer for yes or no questions and could result in a delay of processing. Failure to submit a complete application will result in a processing delay. If you provide false information, the board may deny your application for licensure. Further, if the Board learns after you are licensed that you provided false information on your application, your license may be revoked.

Please attach a check payable to THE FLORIDA DEPARTMENT OF HEALTH in the amount of $295.00 ($100 application fee; $190 initial licensure fee; $5 unlicensed activity fee).

Please submit the following to the Florida Board of Pharmacy:
4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399-3254

ITEM #3 – Internship or Work Experience Form (Form B)
If you are applying for licensure based upon the active licensed practice of pharmacy for two of the last five years, you are required to document the completion of two years' work experience as a licensed pharmacist and completion of 500 intern hours completed in Florida. Two years of work experience must be documented on the Internship or Work Experience Form (Form B). 500 intern hours completed in Florida must be documented on Page 22 of the Foreign Graduate Registered Intern Work Activity Manual (Form DH-MQA 1153)

If you are self-employed as a pharmacist, please submit a notarized statement with your form describing attesting to your ownership of your pharmacy.

ITEM #4 – Licensure Verification Form: If you have been licensed in any other jurisdiction of the United States, you must submit a written verification of the current status of your license. Online verifications are acceptable if they are current and show disciplinary status. If an online verification is not submitted with your application, then each regulatory body for the jurisdiction in which you hold a license must submit a verification of your licensure status directly to the Board Office. The regulatory body is not required use the form included in this packet. It is the applicant's responsibility to contact each U.S. jurisdiction in which they have held or currently hold a license to request licensure verification. This information is required even if you are no longer licensed in the jurisdiction.

APPLICATION CHECKLIST

Keep a copy of the completed application for your records.

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to attach any required document, or to have required documentation to the board, will result in an incomplete application. **Final approval cannot be granted until the application is complete**. Faxed applications will not be accepted.

_____ **Social Security Number (Item #1) – (Attach to Item 2)**

_____ **Pharmacist Licensure by Endorsement Application (Item #2)**

_____ **Check made payable to the FLORIDA DEPARTMENT OF HEALTH in the amount of $295.00 attached.**

_____ **Internship or Work Experience Form – Form B (Item #3)** – a form must be completed by each employer.

_____ **Licensure Verification Form (Item #4)** – a form must be completed for each state in which you are licensed or have held a license.

____ **30 Hours of Continuing Education Credits** – applicants documenting work experience as a licensed pharmacist for at least two (2) of the previous five (5) years must submit evidence that 30 hours of continuing education have been completed in the previous two (2) years.

_____ **MPJE® (law exam) Registration Form** - You may go online to NABP®'s website at www.nabp.net to register and pay for the exams, or you may mail the appropriate fee with your registration form to NABP®. NABP® does not accept personal checks. Your payment must be in the form of a money order or Cashier's check. **Submit your MPJE® registration forms to: National Association of Boards of Pharmacy, 1600 Feehanville Drive, Mt. Prospect, IL 60056. Please DO NOT mail the MPJE® registration fee and form to the Board of Pharmacy.**

_____ **Preliminary Application for Transfer of Pharmaceutics Licensure** – you may go online to NABP®'s website at www.nabp.net to download this application. NABP will verify the information that you provided in your application and will mail an official Application of Transfer of Pharmaceutics Licensure to the candidate. **ONCE YOU RECEIVE THIS *OFFICIAL* APPLICATION FROM NABP, YOU ARE REQUIRED TO MAIL IT TO THE BOARD OF PHARMACY WITHIN 90 DAYS.**

_____ **FOREIGN GRADUATES:**

_____ **COPY OF PASSING TEST SCORES**

_____ **FPGEE**

_____ **TOEFL AND _____ TSE; OR _____TOEFL iBT**

_____ **Page 22 of Foreign Graduate Work Activity Manual (Form DH-MQA-11563)**

_____ **CRIMINAL HISTORY**: **"Yes"** responses to questions in this section require the following documentation:

____ **Final Dispositions/Arrest Records:** The applicant must obtain and submit arrest and final disposition records for all offenses listed from the Clerk of the Court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the Clerk of the Court attesting to their unavailability.

____ **Narrative Account:** Applicants who have listed offenses on the application must submit a letter in your own words describing the circumstances of the offense.

_____ **HEALTH HISTORY:** **"Yes"** responses to questions in this section require the following documentation:

_____ Supporting documentation must include a letter from the applicant explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any "yes" answer. Documentation should be current within the last year.

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www.floridaspharmacy.gov

ITEM #1 SOCIAL SECURITY NUMBER CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

Name: _____
Last **First** **Middle**

Social Security Number: _____

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

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www.doh.state.fl.us/mqa/pharmacy

PHARMACIST LICENSURE BY ENDORSEMENT APPLICATION
FEE: $295.00

Please print or type legibly.

1. Biographical Data			
Last Name	**First Name**	**Middle Name**	
Street Address (ML – Mailing Address)	**City**	**State**	**Zip**
Work Address (PL – Practice Location)	**City**	**State**	**Zip**
Home Phone Number	**Business Phone Number**	**E-Mail Address**	
Date of Birth	**Place of Birth**		

Correspondence via Email? Yes___No___ By checking "yes", you agree to allow the board office to contact you with information regarding your application via email. Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to the Board Office. Instead, contact the Board Office by telephone or regular mail.

Email Address:

2. Equal Opportunity Data – We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38295 (August 25, 1978). The information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX: ☐ Male ☐ Female
RACE: ☐ Caucasian ☐ Black ☐Hispanic ☐ Asian ☐ Native American ☐ Other

3. Have you ever changed your name through marriage or through action of a court or have you ever been known by any other name? If yes, list name(s) and date(s) of the changes below. *Use a separate sheet, if necessary.*

Yes _____ No _____

NAME	**DATE**

4. Name of university, college or school of pharmacy attended

5. Date Of Graduation	**6. Type Of Degree Earned**	**7. Have you ever been licensed as an intern in Florida?**
		Yes _____ No _____ Intern License Number: _____

8. Please indicate the date you successfully completed the National American Pharmacist Licensure Examination™ (NAPLEX®.)

Date _____

9. Pursuant to s. 456.38, F.S., would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disasters?

Yes _____ No _____

10. Method of application - Please select one of the methods of application listed below; you must submit proof that the requirement you choose has been met.

_____ A. Two years of active practice within two (2) of the last five (5) years.

_____ B. Successful completion of a Board-approved Post-Graduate Training Course or Board-approved Post Graduate Clinical Competency Examination.

_____ C. Successful completion of an internship within the immediately preceding two (2) years.

PLEASE NOTE: If you choose "A", you must also demonstrate that you have completed 30 hours of continuing education in the previous two (2) calendar years. If you choose "C" your internship date will be determined by the Board based on your graduation date, unless the state board of pharmacy where your hours were earned submits the certification of intern hours earned in that state within the preceding two (2) years.

Foreign Graduates must meet the requirements of Section 465.007(1)(B)(2), F.S., in addition to the above requirements.

11. Please answer the following questions.

a. Date you took and passed the Test of English as a Foreign Language (TOEFL) or TOEFL iBT?
_____ Date _____Score

b. Date you took and passed the Test of Spoken English (TSE)?
_____ Date _____Score

c. Date you took and passed the Foreign Pharmacy Graduate Equivalency Examination (FPGEE)?
_____ Date _____Score

d. Date you completed the 500 hour internship requirement in Florida: _____

12. List two years' work experience if you are applying under 10A Note: you must submit one (1) Internship or Work Experience Form – Form B (Item #4) for each employer listed below. *Use a separate sheet, if necessary.* List internship experience if you are applying under 10B.

Dates	Employer	Location	Intern Or Pharmacy Experience	Total Hours

13. List all state(s) or jurisdictions in which you have been or are currently registered as a pharmacist. Note: you must submit one (1) Licensure Verification Form (Item #5) for each jurisdiction listed below. *Use a separate sheet, if necessary.*

State	License Number	Date Issued

14. Special Testing Accommodations – please indicate if you require special testing accommodations due to a disability. All testing accommodation requests will be evaluated by National Association of Boards of Pharmacy (NABP). Please visit www.NABP.net/programs/examination/naplex/testingaccomodations for information regarding testing accommodations

Yes _____ No _____

15. Have you ever been convicted of, or entered a plea of guilty, nolo contendre, or no contest, to a crime in any jurisdiction other than a minor traffic offense?

Yes _____ No _____

(You must include all misdemeanors and felonies, even if adjudication was withheld by the court, so that you would not have a record of conviction. Driving under the influence or driving while impaired is NOT a minor traffic offense for the purposes of this question.)

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16. In the last five (5) years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?
Yes _____ No _____
17. In the last five (5) years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?
Yes _____ No _____
18. In the last five (5) years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five (5) years?
Yes _____ No _____

19. Has disciplinary action ever been taken against your pharmacist or any other professional license in this state or any other state?
Yes _____ No _____
20. Have you ever surrendered your pharmacist or any other professional license in another jurisdiction when disciplinary action was pending?
Yes _____ No _____
21. Are you presently being investigated or is any disciplinary action pending against you?
Yes _____ No _____
22. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If no, do not answer 23 A-D.)
Yes _____ No _____
22a. If "yes" to 22, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?
Yes _____ No _____
22b. If "yes" to 22, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).
Yes_____ No_____
22c. If "yes" to 22, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?
Yes_____ No_____
22d. If "yes" to 22, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).
Yes_____ No _____
24. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?
Yes _____ No_____

24a. If "yes" to 24, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
Yes_____ No_____
25. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 25b.)
Yes _____ No _____
25b. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
Yes _____ No _____
26. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program? (If no, do not answer 26a and 26b.)
*Yes*_____ *No*_____
26a. Have you been in good standing with a state Medicaid program for the most recent five years?
Yes _____ No _____
26b. Did the termination occur at least 20 years prior to the date of this application?
Yes _____ No _____
27. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? (If "yes", please provide official documentation)
Yes_____ No_____
All of the above questions must be answered or your application will be returned for completion. If you answer "yes" to any questions in 15-27 explain on a sheet providing accurate details, and submit an official copy of the order of the court or state board of pharmacy, or supporting documents or all if applicable.

Section 456.013(1)(a), F.S., requires that applicants supplement their applications as needed to reflect any material change in any circumstances or changes stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department.

The statements contained in this application are true, complete and correct and I agree that said statements shall form the basis of my application and I do authorize the Florida Board of Pharmacy to make any investigations they deem appropriate and to secure any additional information concerning me. I further authorize them to furnish any information they may have or have in the future concerning me to any person, corporation, institution, association, board or any municipal, county, state, or federal government agencies or units, and that I understand according to the Florida Board of Pharmacy statutes, a pharmacist's license may be denied, revoked

or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other thing, in connection with an application for a license or permit, as set forth in section 465.015(2)(a), F.S.

Applicant Signature

Date

FLORIDA BOARD OF PHARMACY
4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254
Phone: (850) 245-4292 www.flfloridaspharmacy.gov

ITEM #3 – INTERNSHIP OR WORK EXPERIENCE FORM (FORM B)

Please print or type legibly.

1. Biographical information			
Applicant Name	**Intern/Pharmacist License Number**	**Phone Number**	
Street Address	**City**	**State**	**Zip**

2. Have you submitted an application for the Florida Pharmacist Examination? If yes, please indicate date.

Yes _____ No _____ Date _____

I HEREBY APPLY FOR INTERNSHIP OR WORK EXPERIENCE CREDIT AS OUTLINED BELOW UNDER THE SUPERVISION OF:

3. Pharmacy information			
Supervising Pharmacist's Name		**License Number**	
Pharmacy Name		**Permit Number**	
Street Address	**City**	**State**	**Zip**
Phone Number	**4. Dates of Experience**		
	From: ___/___/___ To: ___/___/___		
5. Average number of hours per week	**6. Total hours of experience**		
(No more than 50 hours per week if you are a student and no more than 60 after graduation is allowed)			

_____ _____
Applicant's Signature Date

This report is a correct statement of fact. The above information was taken from the records of the above named pharmacy and are available for inspection by the Board of Pharmacy.

_____ _____
Preceptor/Supervisor's Signature Date

NOTE: Please check to be sure that you have answered all of the questions above.

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

FLORIDA BOARD OF PHARMACY
4052 BALD CYPRESS WAY
BIN #C-04
TALLAHASSEE, FL 32399-3254

DOH-MQA 1196, 10/16
Rule 64B16-26.204, F.A.C.

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ITEM #4 - LICENSURE VERIFICATION FORM

To be completed by applicant licensed as registered pharmacist. Please print or type legibly.

1. Biographical Information			
Applicant Name		**Date of Birth**	**Social Security Number**
Street Address	**City**	**State**	**Zip**
2. License Number	**3. Date Issued**		

To be completed by state or other jurisdiction board office:

The individual listed above has applied for licensure in the State of Florida as a registered pharmacist. Before further consideration is given to this application, we would appreciate your assistance in completing the information requested below. (Upon completion of this form, please return same to the address below.)

4. Licensure verification provided by state or jurisdiction of:	**5. Applicant's Name**	
6. Type Of License Issued	**7. Date License Issued**	**8. License Number**

9. Current status of license

_____ Active _____ In-active _____ Other (explain) _____

10. License obtained by

Examination _____ Reciprocity/Endorsement _____

11. Has applicant been found guilty of any violations for which disciplinary action was taken?

Yes _____ No _____

Note: if disciplinary action has been taken against this licensee, please provide this office with any documentation regarding this action.

_____ _____
Print name Signature

_____ _____
Title Date

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

FLORIDA BOARD OF PHARMACY
4052 BALD CYPRESS WAY
BIN #C-04
TALLAHASSEE, FL 32399-3254

(BOARD SEAL)

NOTE: Please check to be sure that you have answered all of the questions above.