

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



**PHARMACY INTERN APPLICATION FOR
FOREIGN GRADUATES AND INSTRUCTIONS**

October 2016

GENERAL INFORMATION

Application Processing

Please read all application instructions before completing your application.

Within 7-14 days of receipt of your application, the board office will notify you of the receipt of your application, any required documents, and your status. In order to complete your application, please return the following with your application:

To obtain information, or to apply for a social security number and card, you may contact the Social Security Administration at (800) 772-1213 or www.socialsecurity.gov, or you may visit your local office.

- 1) Social Security Number (Item #1).
- 2) One of the following documents from the Foreign Pharmacy Graduate Equivalency Commission (FPGEC®):
 - a) The original eligibility notification for the equivalency examination;
 - b) The original score report; or
 - c) The FPGEC certificate (please keep a copy for your records). If you would like the original returned, please submit a request with the certificate.

To obtain information about this certification, please contact FPGEC® at 1600 Feehanville Drive, Mount Prospect, IL 60056, or call (847) 391-4406.

PLEASE BE ADVISED THAT ALL INCOMPLETE APPLICATIONS EXPIRE ONE YEAR AFTER RECEIPT. IF YOUR APPLICATION EXPIRES, YOU WILL HAVE TO REAPPLY AND RESUBMIT ALL DOCUMENTS.

Board Licensure Procedure

Once you have submitted all required documents, and met all licensure requirements, you will be licensed within 7 – 10 business days. A licensure letter will be mailed to you immediately and you will receive the license in approximately seven (7) days. **You may look up your license number on our website at <http://flhealthsource.com/> under “Verify a License.”**

REQUIREMENTS FOR FOREIGN GRADUATE INTERNSHIP

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.** 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. **Please attach to Item #2 (Florida Pharmacy Intern Application).**

ITEM #2 – Foreign Graduate Intern Application: All sections must be completed in full. If you answer "yes" to any of the questions in 5-17 on the application, please submit official court copies of any supporting documents for the board to review. Applicants who have listed offenses on the application must submit a letter in your own words describing the circumstances of the offense. 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 delay of processing. If you provide false information, the board *may* deny your application for licensure.

FORM #1 – FOREIGN GRADUATE INTERN PRECEPTOR REGISTRATION- Your preceptor must be approved by the Board prior to beginning your work activity program.

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. You can not begin your work activity program until your preceptor has been approved by the Board.

- _____ **Social Security Number (Item #1) – (Attach to Item #2)**
- _____ **Pharmacy Intern Application For Foreign Graduates (Item #2)**
- _____ **Foreign Pharmacy Graduate Equivalency Commission (FPGEC®) document (one of the following):**
 - a) **The original eligibility notification for the equivalency examination;**
 - b) **The original score report; or**
 - c) **The FPGEC certificate (please keep a copy for your records). If you would like the original returned, please submit a request with the certificate.**
- _____ **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.
 - _____ **Self-Report:** 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.

IMPORTANT NOTICE:

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.



FLORIDA BOARD OF PHARMACY
P.O. Box 6320 • Tallahassee, FL 32314-6320
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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 USCS § 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.



FLORIDA BOARD OF PHARMACY

P.O. Box 6320 • Tallahassee, FL 32314-6230

850-245-4292

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ITEM #2 – PHARMACY INTERN APPLICATION FOR FOREIGN GRADUATES

Rule 64B16-26.400(1), Florida Administrative Code, requires a pharmacy intern to be registered with the Department of Health before being employed as an intern in a pharmacy in Florida. Intern certificates issued by the Florida Board of Pharmacy are valid for the State of Florida ONLY and must be returned to the board after an intern has become a Registered Pharmacist in the State of Florida. Applicants must complete the information below and forward the application to the College of Pharmacy to be completed by the Dean and returned to the address above.

Please print or type legibly.

1. Biographical Information

Last Name	First Name	Middle Name	
Home Address (Mailing Location - ML)	City	State	Zip
Work Address (Practice Location - PL)	City	State	Zip
Current Phone Number	Home Phone Number	Date 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.

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 applied to take the Florida pharmacist examination? If yes, please indicate the date.

Yes _____ No _____ Date _____

4. Are you currently or have previously been licensed as a pharmacist or intern in another state? If yes, list the state(s) below: Note: you must submit one (1) Licensure Verification Form (Item #5) for each state listed below. Use a separate sheet, if necessary.

Yes _____ No _____

State:	State:

5. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, 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.)

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

6. 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 _____

7. 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 _____

8. During the last five (5) years, have you been treated for or had a recurrence of a diagnosed physical impairment that has impaired your ability to practice pharmacy?

Yes _____ No _____

9. 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 _____

10. Has disciplinary action ever been taken against your pharmacist or any other professional license in this state or any other state?
Yes _____ No _____
11. Have you ever surrendered your pharmacist or any other professional license in another jurisdiction when disciplinary action was pending?
Yes _____ No _____
12. Are you presently being investigated or is any disciplinary action pending against you?
Yes _____ No _____
13. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If no, do not answer 13.)
Yes _____ No _____
13a. If "yes" to 13, 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 _____
13b. If "yes" to 13, 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 _____
13c. If "yes" to 13, 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 _____
13d. If "yes" to 13, 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 _____
14. 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)? (If no do not answer 14a)
Yes _____ No _____
14a. If "yes" to 14, 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 _____

15. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 15a.)
Yes _____ No _____
15a. 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 _____
16. 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 16a and 16b.)
Yes _____ No _____
16a. Have you been in good standing with a state Medicaid program for the most recent five years?
Yes _____ No _____
16b. Did the termination occur at least 20 years prior to the date of this application?
Yes _____ No _____
17. 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" 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 10-17, explain on a sheet providing accurate details, and submit an official copy of the order of the court or state board of pharmacy, 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 pharmacy intern's license may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other item, 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.floridaspharmacy.gov**FORM #1 – FOREIGN GRADUATE INTERN PRECEPTOR REGISTRATION**

Section 465.007(1)(b)2., *Florida Statutes*, requires that graduates of a school of pharmacy located outside the United States work a minimum of 500 hours in a supervised work activity program within the State of Florida under the supervision of a Florida registered pharmacist. This form must be returned to The Board prior to beginning your work activity program.

Please print or type legibly.

1. Preceptor Name			2. Preceptor License Number	
3. Pharmacy Name			4. Pharmacy License Number	
5. Pharmacy Address				
City	State	Zip	6. Pharmacy Telephone Number	
7. Name of Foreign Graduate Intern you are supervising.			8. Foreign Graduate Intern License Number	

I hereby accept responsibility for the Foreign Graduate Intern Supervised Work Activity Program of the above-named foreign graduate intern, as established in Rule 64B16-26.2033, Florida Administrative Code, as outlined by the Florida Board of Pharmacy. I will provide an honest and forthright evaluation of the foreign graduate intern's progress towards licensure as a practitioner, and will uphold the safety and wellbeing of patients provided pharmaceutical care.

Signature of Preceptor_____
Date**PLEASE RETURN THIS FORM TO THE BOARD OFFICE:**

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



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FORM #2 - LICENSURE VERIFICATION FORM
To be completed by applicant licensed as a pharmacist or intern.
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 board office: The individual listed above has applied for licensure in the State of Florida as a registered Pharmacist or intern. 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 of:		5. Applicant's name	
6. Type of license issued	7. Date license issued	8. License number	
9. Current status of license			
_____ Active _____ Inactive _____ Other (explain) _____			
10. License obtained by			
Examination _____ Reciprocity/Endorsement _____ Other _____			
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)

FLORIDA BOARD OF PHARMACY INTERNSHIP REGISTRATION INFORMATION

If you are enrolled in a College of Pharmacy in the State of Florida, please be advised that upon receipt of certification of graduation, the State Board will verify completion of 2080 internship hours.

If you are attending of an out of state college, or would like intern hours certified outside of the hours required by the College of Pharmacy in Florida your hours must be recorded in your file on the attached intern Hours Certification Report. The Florida Board of Pharmacy accepts a PharmD as completion of the internship requirement for licensure in Florida. When you request our office to verify your intern hours we will send the intern hours certification report to the State of your choice.

I state that this report is correct. The above information was taken from the records of the above named pharmacy and are available for inspection by the Board of Pharmacy. I also state these hours were completed outside of the hours required by the College of Pharmacy.

Preceptor/Supervisor's Signature _____ Date _____

Name of Pharmacy _____ Permit Number _____

Address _____

Street _____ City _____ State _____ Zip _____

Phone: _____
