Memo from: Office of Health Professionals Regulation
Board of Pharmacy

To: All applicants for Pharmacist and Intern licenses

Date: May 17, 2007

Subject: Application fee increases

Addendum to the following license applications:
Pharmacist by Examination
Pharmacist by Score Transfer
Pharmacist by Reinstatement
Intern Limited Pharmacist
Temporary 90-Day License to Practice Pharmacy by License Transfer

Please note that the fees listed in the attached application have been updated as of May 17, 2007. The correct fees are as follows:

Pharmacist by Examination	$170
Pharmacist by Score Transfer	$170
Pharmacist by Reinstatement	$90
Intern Limited Pharmacist	$20
Temporary 90-Day License to Practice Pharmacy by License Transfer	$170

As of May 17, 2007, all applications for the above licenses must be accompanied by payment in full for the above amounts by check or money order.

If you have any questions please contact the Board of Pharmacy at 401-222-2837.

Rules and Regulations Pertaining to Pharmacists, Pharmacies and Manufacturers, Wholesalers and Distributors (R5-19.1-PHAR) are available online at:

http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4606.pdf

*** *Submit This Page With Application* ***

FOR OFFICE USE ONLY
Receipt #
ID #
Issue Date
License # **RPH**

State of Rhode Island
Board of Pharmacy

Room 205
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

License To Practice Pharmacy By Examination

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2837 **TTY/TDD: (800) 745-5555** **Fax: (401) 222-2158**

Revised 05/10/2007 jcp

GENERAL INFORMATION

Enclosures

The following materials and information are enclosed with this application packet:

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Application Materials

- Board Application....8-10
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- Application Checklist....13
- Certificate of Character....14
- Preceptor Affidavit of Internship Hours....15
- Interstate Verification Form....16

Licensure Requirements

U.S. Graduates

- Completion of a first professional degree program in pharmacy located within the United States, which is accredited by the American Council on Pharmaceutical Education.
- Completion of 1,500 hours of internship hours.
- Passage of the North American Pharmacist Licensure Examination (NAPLEX), administered through the National Association of Boards of Pharmacy.
- Passage of the Multistate Pharmacy Jurisprudence Examination (MPJE) for Rhode Island, administered through the National Association of Boards of Pharmacy.
- License Verification(s) from the board(s) in which a license has been issued *(if applicable)*.

  The mailing address and telephone numbers for all U.S. licensing authorities can be obtained at the NABP web site.

www.nabp.net/whoweare/boards.asp

Foreign Pharmacy Graduates

- Completion of a course of study from a college of pharmacy located outside the United States, which is listed in the World Directory of Schools of Pharmacy, published by the World Health Organization.
- Obtained ***full certification*** from the Foreign Pharmacy Graduate Equivalency Commission (FPGEC), administered through the National Association of Boards of Pharmacy (NABP).
- Completion of 1,500 hours of internship hours.
- Passage of the North American Pharmacist Licensure Examination (NAPLEX), administered through the National Association of Boards of Pharmacy.
- Passage of the Multistate Pharmacy Jurisprudence Examination (MPJE) for Rhode Island, administered through the National Association of Boards of Pharmacy.

GENERAL INFORMATION
(continued)

Board of Pharmacy	**www.healthri.org/hsr/professions/pharmacy.htm**
License Verifications (All license types)	**http://63.72.31.182/** (Use the above web site to print a verification of licensure prior to receipt of the official license.)

Rules and Regulations

Pharmacy Act	**www.rules.state.ri.us/rules/released/pdf/DOH/DOH_2077.pdf**
Disposal of Drugs	**www.rules.state.ri.us/rules/released/pdf/DOH/DOH_165_.pdf**
Distributors of Controlled Substances	**www.rules.state.ri.us/rules/released/pdf/DOH/DOH_164_.pdf**
Electronic Data Transfer	**www.rules.state.ri.us/rules/released/pdf/DOH/DOH_162_.pdf**
Hypodermic Needles/Instruments	**www.rules.state.ri.us/rules/released/pdf/DOH/DOH_163_.pdf**

Statutes

Pharmacy Act	**www.rilin.state.ri.us/statutes/title5/5-19-1/index.htm**
Collaborative Practice Act	**www.rilin.state.ri.us/statutes/title5/5-19-2/index.htm**
Controlled Substances Act	**www.rilin.state.ri.us/statutes/title21/21-28/index.htm**
Controlled Substances Therapeutic Research Act	**www.rilin.state.ri.us/statutes/title21/21-28-4/index.htm**
Drugs & Poisons Generally	**www.rilin.state.ri.us/statutes/title21/21-30/index.htm**
Food, Drugs & Cosmetics Act	**www.rilin.state.ri.us/statutes/title21/21-31/index.htm**
Poison Prevention Packaging Act	**www.rilin.state.ri.us/statutes/title23/23-14-1/index.htm**

Federal Statutes/Forms/Manuals

Code of Federal Regulations	**www.access.gpo.gov/nara/cfr/cfr-table-search.htm**
DEA Registration Form (224, 224A)	**www.deadiversion.usdoj.gov/drugreg/reg_apps/index.html**
DEA Applications and Reports On-line (Form 106, 41 ...)	**www.deadiversion.usdoj.gov/21cfr_reports/index.html**
Diversion Control Program Newsletters	**www.deadiversion.usdoj.gov/pubs/nwslttr/index.html**
Pharmacist's Manual	**www.deadiversion.usdoj.gov/pubs/manuals/pharm2/index.htm**
A Pharmacist's Guide to Prescription Fraud	**www.deadiversion.usdoj.gov/pubs/brochures/pharmguide.htm**
Poison Prevention Packaging: A Text for Pharmacists & Physicians	**www.cpsc.gov/CPSCPUB/PUBS/384.pdf**

NOTE:

A BOOK OF RHODE ISLAND LAWS WILL BE MAILED UPON RECEIPT OF THE APPLICATION.

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professions Regulation, and the Rhode Island Board of Pharmacy (BOARD), The Board utilizes the National Association of Boards of Pharmacy (NABP) for administration of the licensure examinations. All licensure applicants must complete and submit a HEALTH application, and all required documentation, ***prior*** to applying to the NABP for the licensure examinations.

Application Process

In addition to the Board's application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 13) must be submitted for an application to be considered complete. All applications are considered valid for six months from the date they are received at HEALTH. If you do not complete the application process and obtain a license within those six months, a new application and fee must be submitted.

Please allow a minimum of 7 weeks for the entire licensure process to be completed. If you have had disciplinary history in Rhode Island or another state, it may take an additional two or three months for all pertinent documentation to be received, and a decision to be made regarding the issuance of a license. This is an estimate of the amount of time that is required to become licensed, the entire process may take more or less time than estimated.

Only applications that are complete will be declared eligible for the NAPLEX and MPJE examinations. Licenses will be issued within five working days following the Board's receipt of the scores for required examinations. Wallet-sized license cards are mailed approximately three weeks from the date of issuance, and are mailed to the address furnished in the application. It is the applicant's responsibility to notify the BOARD office, in writing, if the address changes during the interim. An address change may be emailed to the BOARD at the following web site.

www.healthri.org/hsr/professions/pharmacy.htm

HEALTH will not, for any reason, accelerate processing of one applicant at the expense of other applicants. Once completed, the application will be reviewed, and you will be contacted in writing. Be advised, you may be required to appear for an interview.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your BOARD application, please contact the BOARD at (401) 222-2837.

Internship Hours

Rhode Island requires 1,500 hours of internship hours, as a ***prerequisite*** to applying for licensure. Unless previously submitted, the applicant shall submit on the **Preceptor Affidavit of Internship Hours** form (page 14), which verifies the hours of practical experience under the supervision of a licensed pharmacist. Each preceptor under whom internship hours were accrued must complete an affidavit. The form may be duplicated as needed. The applicant will not be approved for the licensure examinations, until all the internship requirements have been met.

An applicant whose hours have been filed with another board, must request that board to submit directly to the BOARD an affidavit certifying the approved internship. The mailing address and telephone number for all U.S. licensing authorities can be obtained at the NABP web site.

www.nabp.net/whoweare/boards.asp

Please, ***do not*** contact the Rhode Island Board for information on other licensing authorities.

For the first year of licensure following graduation from a college of pharmacy, a pharmacist is exempt from the continuing education requirements. The pharmacist is to write "exempt" on the "first" renewal form after licensure. This exemption applies only to applicants who graduated from a college of pharmacy just prior to licensure.

Foreign Pharmacy Graduates

Graduates of foreign colleges of pharmacy will be declared ***ineligible*** for the NAPLEX or the MPJE unless **full** FPGEC Certification is obtained through the National Association of Boards of Pharmacy. FPGEC Certification attests that graduates of foreign schools of pharmacy possess education equivalent to graduates of U.S. Schools of Pharmacy. Only the official **FPGEC Certificate** will be accepted by the Board, and it is a prerequisite to applying for licensure.

Information on the Foreign Pharmacy Graduate Certification Program can be obtained by calling the National Association of Boards of Pharmacy at (847) 698-6227, or by accessing the **Foreign Pharmacy** section on its web site.

www.nabp.net

Graduates of foreign colleges of pharmacy must attach to the application, if not already submitted to the BOARD, a copy of the degree conferred by the college/university that the applicant attended. This copy must be notarized as a **"true copy of the original"**.

Licensure Examinations

The North American Pharmacist Licensure Examination (NAPLEX), and the Multistate Pharmacy Jurisprudence Examination are computer-adaptive examinations administered through the National Association of Boards of Pharmacy (NABP). The NAPLEX is a national examination, with the scores accepted with all states except California and Florida. The MPJE is a state-specific law examination, and the score is valid only for the state in which application is made.

The registration forms for both examinations are in the NAPLEX/MPJE Registration Bulletin (BULLETIN), along with information on transferring your score to another state. The BULLETIN can be obtained by calling the BOARD office, or by downloading it from the **Examinations** section of the National Association of Boards of Pharmacy (NABP) web site.

www.nabp.net

The registration forms, the form to transfer the score to other states (if applicable), and the appropriate fees, are to be sent directly to the NABP at the following address. **DO NOT** mail to the BOARD.

NABP Licensure Exam
700 Busse Highway
Park Ridge, IL 60068

It is recommended that all forms be sent via a traceable method (i.e. certified mail, courier...) In that the MPJE is a state-specific examination, the MPJE (or alternate state-law examination) would have to be taken in each state in which application is made through the Transfer of Score mechanism. Contact the board(s) for specific licensure requirements of that state. The mailing address and telephone number for all U.S. licensing authorities at the NABP web site.

www.nabp.net/whoweare/boards.asp

Please, ***do not*** contact the Rhode Island Board for information on other licensing authorities.

In approximately four days after sitting for the examinations, the NABP will electronically report the NAPLEX and MPJE scores to the BOARD. The BOARD will then mail a notification as to the scores that were attained.

Examination(s) Failure

The BULLETIN outlines the procedure for applying for reexamination, including the NABP's waiting period between examinations. R5-19-PHAR, Section 5.2, of the rules and regulations of the BOARD state that, ***"An applicant who twice fails any licensing examination shall not be eligible for further examination until the applicant has satisfactorily completed additional preparation as directed and approved by the board. This condition on eligibility also applies to each third and subsequent failure."***

Candidates who fail the NAPLEX or the MPJE two or more times in another state, will not be permitted to become licensed in Rhode Island through the Transfer of Score mechanism. Applicants would have to apply for licensure through the Transfer of Pharmaceutic Licensure process (reciprocity) after licensure in another state.

*** *Detach Page - Do Not Submit With Application* ***

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the BOARD application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type the information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. It is suggested that you make a copy of your completed application before submitting it to the Board.
5. It is the applicant's responsibility to check on the status of the application.

Completing your Board Application

1. Complete the **Board Application** (pages 8-10). Respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages MUST clearly indicate the section for which such information is being reported.
2. Attach a birth certificate ***(original or a copy notarized as being a "true copy of the original")***. For applicants born outside the United States, attach proof of ***lawful entry*** status. All copies of original documents submitted must be ***notarized as being a "true copy of the original"***. Documents that are submitted will not returned.
3. The application must be notarized, and have a photograph affixed to it, as instructed on page 10. To the right of the picture is a box for the signature of a faculty member which certifies that the picture is the applicant.
4. Attach an official letter from the Dean or designated official of the college of pharmacy to the BOARD application. ***Fascimiles will not be accepted.*** This letter is to include the date of graduation, degree conferred, and hours accrued under the experiential learning pharmacy practice course. To be eligible for licensure in the State of Rhode Island, ***you must be a graduate of an accredited college of pharmacy***.

   NOTE: Prior to application for licensure, foreign college of pharmacy graduates must have received **full certification** through the Foreign Pharmacy Graduate Equivalency Commission (FPGEC).

5. Obtain a total of four (4) references attesting to your moral character and temperate habits. Have each reference complete a section on the Certificate of Character (page 14).
6. If not already on file with the Board, a Preceptor Affidavit of Internship Hours (page 15), must be completed by each preceptor under which you accrued hours as an intern. The form may be duplicated as needed. An applicant whose hours have been filed with another board, must request that board to submit an affidavit certifying the approved internship.

   You may obtain the mailing address and telephone numbers of all U.S. licensing authorities at the NABP web site.

   www.nabp.net/whoweare/boards/.asp

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

(continued)

7. Make a check or money order (in U.S. Funds only) for the application fee of **$125.00,** payable to **General Treasurer, State of Rhode Island,** and staple it to the upper left-hand corner of the cover page of the application. This application fee is NONREFUNDABLE. [NOTE: This is the BOARD application fee.]

Complete all application materials as instructed and arrange them in the order as they appear in the application checklist (page 13). Attach all documents to the BOARD application, and mail to:

Rhode Island Department of Health
Board of Pharmacy
Room 205, 3 Capitol Hill
Providence, RI 02908-5097

Completing the NABP Registration Forms

Registration is made directly with the NABP for the North American Pharmacist Licensure Examination (NAPLEX), and the Multistate Pharmacy Jurisprudence Examination, with each examination having a specified fee. The NAPLEX/MPJE Registration Bulletin (BULLETIN) will answer questions pertaining to the following.

- Registration Forms and Fees
- Refunds and Withdrawals
- Requesting Special Testing Accomodations
- Completing the Registration Forms
- Testing Administration
- Authorization to Test
- Scheduling Examination Appointments
- Scheduling Special Testing Accomodations
- Changing Examination Appointment
- Testing Centers
- NAPLEX/MPJE Administration
- Score Results
- Re-Examination
- NAPLEX Score Transfer

The BULLETIN can be obtained by calling the BOARD at (401) 222-2837, or downloading it from the **Examinations** section of the National Association of Boards of Pharmacy (NABP) web site.

www.nabp.net

Although the Registration Bulletin indicates that the registration form is to be mailed directly to the BOARD, the ***NAPLEX and MPJE registration forms, and their fees, are to be mailed to the NABP at the following address.***

NABP Licensure Exam
700 Busse Highway
Park Ridge, IL 60068

Do not mail the NAPLEX and MPJE registration forms, or the Transfer of Score Form, to the BOARD.

After receipt of your registration forms, the NABP will contact the BOARD to confirm your eligibility to sit for the NAPLEX and MPJE. The BOARD will confirm eligibility for examination, ***only*** if all required documentation has been received.

State of Rhode Island
Board of Pharmacy

Application for License to Practice Pharmacy by Examination

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License and reported to those who inquire about your License/ Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

_____

_____

2. Social Security Number

U.S. Social Security Number

Please Refer to "Mandatory Addendum to License Application" on the last page of this application

3. Gender

☐ Male ☐ Female

4. Date and Place of Birth

Month Day Year 1 9

City and State; **OR** Province and Country, etc., if NOT U.S.

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address

It is your responsibility to notify the board of all address changes,

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Business Phone Extension Business Fax

7. Preferred Mailing Address

Please check ONE

☐ Please use my **Home Address** as my preferred mailing address

☐ Please use my **Business Address** as my preferred mailing address

8. Qualifying Education

Please list the name and information about the accredited college of pharmacy from which you graduated.

Type of School (University, College, Trade/Technical School etc.)

Name of School

Date Enrolled: Month Day Year

Date Graduated: Month Day Year

Degree Received (Bachelor of Arts, Doctor of Pharmacy)

Major

Specialty/Type

Credit Hours

DOCUMENTATION: Attach a letter from the dean of the college of pharmacy from which you graduated, which states the date of graduation, the degree conferred, and the number of hours accrued under the experiential learning pharmacy practice course. This document must be the original (preferred), or a copy which has been ***notarized as being a "true copy of the original"***.

9. Pharmacist Licensure

List all states or country that you are now licensed as a pharmacist, or have applied for licensure.

☐ Check here if not applicable.

State/Country: _____ ☐ Active ☐ Inactive ☐ Pending

State/Country: _____ ☐ Active ☐ Inactive ☐ Pending

_____ ☐ Active ☐ Inactive ☐ Pending

_____ ☐ Active ☐ Inactive ☐ Pending

_____ ☐ Active ☐ Inactive ☐ Pending

_____ ☐ Active ☐ Inactive ☐ Pending

DOCUMENTATION: Send Interstate Verification Form to each entity. *(See page 16)*

10. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation of, or plead Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into a plea bargain related to a felony (including convictions for driving under the influence)? ☐ Yes ☐ No

Abbreviation of State and Conviction[1] (e.g. CA - Illegal Possession of a Controlled Substance): Month Year

For purposes of this section, a person shall be deemed to be convicted of a crime if he/she plead guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

11. Disciplinary Questions

Check either Yes or No for each question.

NOTE: If you answer **"Yes"** to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter.

Attach a typed explanation on a separate 81/2 x 11 sheet of paper.

1. Have you ever had any disciplinary action(s) taken, or is any pending, against your License to Practice, or are any complaints pending in the State of Rhode Island or any other state? ☐ Yes ☐ No
2. Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation? ☐ Yes ☐ No
3. Are there any charges or investigations pending, in any state, against you? ☐ Yes ☐ No
4. Have you ever failed to pass an examination for licensure as a pharmacist? ☐ Yes ☐ No

Note: If you answered "**yes**" to any of these questions, you must attach a typed explanation on a separate sheet of paper.

12. Affidavit of Applicant

Complete this section and sign in the presence of a notary public. Make sure that you and the notary public have completed all components accurately and completely.

Application will be returned if not notarized.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentality's (local, state, federal or foreign) to release to the Rhode Island Board of Pharmacy any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice pharmacy in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Pharmacy of any change in the answers to these questions after this application and this affidavit is signed.

_____ Signature of Applicant

_____ Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did/did not take an oath.

_____ Name of Notary (Print, Type or Stamp)

_____ Signature of Notary

Notary Seal

_____ Notary No/Commission No.

_____ Commission Expiration Date (MM/DD/YY)

13. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport photo, clear, front view, full face without a hat or dark glasses.

Full length photos, black and white or computer-generated photos will not be accepted.

Affix Photo Here

COLLEGE CERTIFICATION

_____

Signature of Faculty Member

_____

Sign your name on the line provided, partly upon the page and partly upon the photograph, and provide the date it was taken. Signature of faculty member must also be provided.

State of Rhode Island and Providence Plantations
Department of Health

Office of the Director

Message from the Director of Health

Dear Applicant:

The following page contains questions regarding your race and ethnicity. The Department of Health is attempting to promote diversity among health professionals. The Department can measure its success in promoting diversity by identifying gaps in our diversity. Also, it will utilize this information in order to select members for professional regulatory boards at the Department of Health.

Answering these questions is entirely voluntary. Your willingness to provide this information will not affect your licensure in any way. Data will be used only in accordance with Title VI of the Civil Rights Act of 1964.

Rhode Island has a strong interest in promoting diversity among the health professions. Offering culturally competent health care, better serving minority communities, providing role models for minority youth and encouraging minority persons to become health professionals will make our communities healthier and safer.

Please join us in our attempts to attain these worthy goals by answering the questions on the following page.

Sincerely,

Patricia A. Nolan, MD, MPH
Director of Health

*VOLUNTARY RACE/ETHNICITY QUESTIONS**

This information is completely voluntary and will NOT affect your Application in any way.

Note: *This information is voluntary and refusal to provide it will not impact on the renewal of your license. It will be confidential and used only in accordance with Title VI of the Civil Rights Act of 1964.*

1. **Ethnicity:** Are you of Hispanic or Latino ethnicity? ☐ Yes ☐ No
2. **Race:** Please indicate your race below. (Check as many boxes that apply)

☐ American Indian or Alaska Native ☐ Black or African American ☐ White

☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Other (Specify Below)

Please specify Race, if you answered "other" above

For the purposes of the above questions kindly use the "Federal Minimum Data Collection" explanations listed below:

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

American Indian or Alaskan Native.

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian (new group does not include Pacific Islanders).

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan , Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American.

A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".

Native Hawaiian or Other Pacific Islander.

A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

***This information is being collected in accordance with the Department of Health's Policy for Maintaining, Collecting and Presenting Data on Race and Ethnicity. The mission of the Department is to protect and promote the health of the population and to prevent disease through life-style change, environmental change, and health services delivery. A copy of this policy is available upon request.**

*** *Detach Page - Do Not Submit With Application* ***

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process has been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application."
- ☐ I have completed the Rhode Island Board application as instructed (page 8-10).
- ☐ I have completed Section 12, **"Affidavit of Applicant"**, and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 13, **"Recent Photograph"** as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the ***"RI General Treasurer"*** in the amount of **$125.00**, and have attached it to the upper left-hand corner of the cover page of the application.
- ☐ I have arranged my Board Application materials in the following order.

  1. Fee (attached as instructed).
  2. Board Application (cover page of application, and pages 8-10)
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.]

Other Documents

- ☐ I have attached the following documents to the back of the application.

  1. Certificate of Birth (original, or copy notarized as being a "true copy of the original").
  2. Letter from the Dean of the College of Pharmacy, indicating the date of graduation, the type of degree conferred, and the hours accrued under the experiential training pharmacy practice course.
  3. Completed Preceptor Affidavit(s) of Internship Hours (original only). [**Note:** if not previously submitted to the board.]
  4. **FPGEE Certificate** (foreign graduates only), or a copy that has been notarized as being a "true copy of the original". [**Note:** if not previously submitted to the board.]
  5. Graduates of foreign colleges of pharmacy must attach to the application, if not already submitted to the BOARD, a copy of the degree conferred by the foreign college/university that the applicant attended. This copy must be notarized as a "true copy of the original".

- ☐ I have mailed the above application materials directly to the Board of Pharmacy, Department of Health.

Required Letter(s) *(if applicable)*

- ☐ I have filed internship hours with another state, and have requested that board to forward a **Verification of Internship Hours** directly to the Rhode Island Board.
- ☐ I am/was licensed in another state, and have mailed a License Verification to each board in which I was licensed as a pharmacist.

Substitute forms are not acceptable .

Rhode Island Board of Pharmacy

Room 205, Three Capitol Hill
Providence, RI 02908-5097
(401) 222-2837

CERTIFICATION OF CHARACTER

Applicant Should Complete this Section Only:

Print Full Name _____ Signature _____

Date of Birth _____ Date _____

THIS SECTION TO BE COMPLETED BY REFERENCES

I am applying for a license to practice pharmacy in the State of Rhode Island. The Rhode Island Board of Pharmacy requires that I obtain the signatures of four individuals, with whom I am personally acquainted. By signature below, the individuals, to the best of their knowledge and belief, attest to my being a person of good moral character and temperate habits, and that I am worthy to be licensed as a pharmacist in the State of Rhode Island.

Reference #1

Print Full Name _____ Signature _____

Address _____ Date _____

City/State/Zipcode _____ ***I have known applicant:***

Relationship to Applicant _____ _____ ***years*** _____ ***months***

Reference #2

Print Full Name _____ Signature _____

Address _____ Date _____

City/State/Zipcode _____ ***I have known applicant:***

Relationship to Applicant _____ _____ ***years*** _____ ***months***

Reference #3

Print Full Name _____ Signature _____

Address _____ Date _____

City/State/Zipcode _____ ***I have known applicant:***

Relationship to Applicant _____ _____ ***years*** _____ ***months***

Reference #4

Print Full Name _____ Signature _____

Address _____ Date _____

City/State/Zipcode _____ ***I have known applicant:***

Relationship to Applicant _____ _____ ***years*** _____ ***months***

Substitute forms are not acceptable - This form may be duplicated as needed .

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PRECEPTOR AFFIDAVIT OF INTERNSHIP HOURS

Applicant Should Complete this Section Only:

I hold a valid Limited License as a pharmacy intern, and the Rhode Island Board of Pharmacy requires that this form be completed by each licensed pharmacist who served as my preceptor.

Intern Full Name (Print or Type)

Previous Names Used

Intern Address

City/State/Zip

***** FOR OFFICE USE *****

Limited License No. _____

Date Issued: _____

Training Period Valid: ☐ Yes ☐ No

Hours Accepted: _____

THIS SECTION TO BE COMPLETED BY PRECEPTOR

I am a licensed pharmacist in the State of _____. I am an owner, manager, department head, or employee at a licensed business or institution. I was the preceptor of the above-listed pharmacy intern, who has satisfactorily completed practical experience under my supervision.

Preceptor Full Name (Print or Type) — License Number

Previous Names Used

Pharmacy Name — License Number

Pharmacy Address

City/State/Zip

Intern's Training Period

Month Day Year — Month Day Year

Hours Accrued by Intern

Signature of Preceptor — Date

Notary:

Name of Notary (Print, Type or Stamp) — Signature of Notary

Notary No/Commission No. — Commission Expiration Date (MM/DD/YY)

Affix Seal Here

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INTERSTATE VERIFICATION FORM - OTHER STATES OF LICENSURE

THIS SECTION TO BE COMPLETED BY APPLICANT

I am applying for a license to practice as a registered pharmacist in the State of Rhode Island. The Rhode Island Board of Pharmacy requires that the following form be completed by the jurisdiction in which I obtained a license. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Pharmacy at the above address.

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth _____

License Number _____

THIS SECTION TO BE COMPLETED BY PHARMACY BOARD

License Status: ☐ Active ☐ Inactive ☐ Lapsed	Original Date Issued:	Expiration Date:

Reason for "Inactive Status"

Questions:

1. Has this licensed pharmacist ever been investigated by your Board? ☐ Yes ☐ No
2. Has this licensed pharmacist incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Consent Order, final action, etc..).

_____

_____

_____

Certification:

Signature _____ Date _____

Type or Print Name _____

Title _____

Full Name of Licensing Board _____

Please Affix Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

Applicant: Print your complete name:

State of Rhode Island and Providence Plantations

DEPARTMENT OF HEALTH

Office of the Director

Cannon Building
3 Capitol Hill
Providence, RI 02908-5097

Mandatory Addendum to License Application

Verification of Social Security Number/Federal Employer Identification Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature	Date	Social Security Number (SSN) or Federal Employer Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form MUST be completed, signed and attached to your license application in order for us to process your application.

- USE THIS FORM FOR HEALTH PROFESSIONALS -