



**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 # PHL

**State of Rhode Island
Board of Pharmacy**

Room 205
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

**Limited License
as a Pharmacy Intern**

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2837

TTY/TDD: (800) 745-5555

Fax: (401) 222-2158

GENERAL INFORMATION

Enclosures

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

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Licensure Requirements

- Application Fee (\$12.50)
- eighteen (18) years of age or older,
- of good moral character,
- enrolled in at least the first year of a professional program of an accredited college of pharmacy.

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).

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/Statutes

The rules and regulations governing the Practice of Pharmacy can be obtained at the following web sites:

Pharmacy Act	www.healthri.org/hsr/regulations/pharmacy.pdf
Disposal of Drugs	www.healthri.org/hsr/regulations/legdrug.pdf
Distributors of Controlled Substances	www.healthri.org/hsr/regulations/controlsub.pdf
Electronic Data Transfer	www.healthri.org/hsr/regulations/edt.pdf
Hypodermic Needles/Instruments	www.healthri.org/hsr/regulations/needles.pdf

Rhode Island General Laws pertaining to the Practice of Pharmacy can be downloaded at the following web sites:

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/nwsltr/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).

Application Process

This application is for first-time applicants. If a limited license has been held in the past, do not use this form. Contact the BOARD for information on renewing the license previously issued. No pharmacy student may serve an internship in this state under a preceptor without holding a valid limited registration by the BOARD. A preceptor is a pharmacist who is licensed to engage in the practice of pharmacy in this state, or another jurisdiction, who is in good standing in said state or jurisdiction, who is an employee of the business or institution that operated the pharmacy, and who has the responsibility of training interns.

All items listed on the "checklist" (page 11) must be submitted for an application to be considered complete. All applications are considered valid for six months from the day 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 two 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.

Licenses will be issued within five working days following the Board's approval of the completed application. Wallet-sized license cards are mailed approximately three weeks from the date of issuance, and are mailed to the address furnished in the application. **Once licensed as a Pharmacy Intern, a Pharmacy Technician license is *not* required.**

It is the applicant's responsibility to notify the BOARD office, in writing, if the address changes during the interim, or at any time after the license is issued. 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.

NOTE: You may not practice as an intern until a license has been issued. The license will expire on June 30th (***regardless of the date issued***), and a form will be mailed to renew the license for the period July 1st through June 30th. It is the licensee's responsibility to maintain an active license. If a renewal is not received, the licensee is to contact the BOARD, and follow-up on the status of the renewal. ***Hours accrued prior to licensure, or while a license is "expired" will not be credited towards the internship requirement. This includes externship/clerkship hours earned while on school rotations.***

Prior to interning in another state, contact the board in that state to determine whether a license is required. The mailing address and telephone number for all U.S. licensing authorities can be obtained at the NABP web site.

www.nabp.net/whoware/boards.asp

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

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

The internship required of applicants for licensure as pharmacists consist of 1,500 hours, and shall be carried out under the supervision of a U.S. registered or licensed pharmacist who shall act as a preceptor. The licensee shall submit accrued internship hours on the **Preceptor Affidavit of Internship Hours** form (page 12). Each preceptor under whom internship hours were accrued must complete an affidavit. These forms, at least yearly, should be submitted to the BOARD. These forms should also be submitted to the BOARD whenever the intern is leaving one preceptor to intern under another preceptor. The BOARD will maintain a record of the Affidavits submitted.

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 a copy be made of the completed application before submitting it to the Board.
5. Incomplete applications will be returned unprocessed.
6. It is the applicant's responsibility to check on the status of the application.

Completing your Board Application

1. Complete the **Board Application** (pages 6-8). 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 that has been 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"**. If foreign applicants are unable to produce a notarized copy of their birth certificate, then a copy of the passport will be accepted, provided the copy has been **notarized as being a "true copy of the original"**. If unsure as to what a "true copy of the true original" is, contact the BOARD prior to submitting any documents. Documents that are submitted will not returned.
3. The **College Certification**, Section 13, page 8, must be completed by an authorized individual of the college of pharmacy. Applications that do not have this section completed will be returned to the applicant.
4. Foreign college of pharmacy graduates, prior to making application to the BOARD, must have received **full certification** through the Foreign Pharmacy Graduate Equivalency Commission (**FPGEC**). Notarized copies of the FPGEC Certificate, school documents, including degree conferred, and license issued by the foreign country, must be attached to the application. These copies must also be **notarized as being a "true copy of the true original"**. In Section 13, page 8, entitled "College Certification", foreign applicants are to write "**N/A - foreign graduate**".
5. Detach the **Preceptor Affidavit of Internship Hours**. This form is to be completed by each preceptor under which hours are accrued. These forms are to be submitted to the BOARD by the intern. The form may be duplicated as needed. Additional forms may be obtained by contacting the BOARD.
6. Make a check or money order (in U.S. Funds only) for the application fee of **\$12.50**, payable to **General Treasurer, State of Rhode Island**, and staple it to the upper left-hand corner of the cover page of the application. The application fee is **NONREFUNDABLE**. The cover page is part of the application, and must be submitted. Pages 3-5 can be removed and kept for future reference.

Complete all application materials as instructed and arrange them in the order as they appear in the application checklist (page 11). 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



State of Rhode Island Board of Pharmacy

Approximate Starting Date

Month	Day	Year

Application for Limited License as a Pharmacy Intern

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.

Provide the approximate starting date for accruing internship hours in the boxes located at the top, right-hand corner of the application.

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

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

Country, if NOT U.S.

Home Phone

State

Postal Code, if NOT U.S.

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

Country, if NOT U.S.

Business Phone

Extension

State

Postal Code, if NOT U.S.

Business Fax

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. College Certification

This certification is to be signed by the Dean of the College of Pharmacy, or an appointed designee as evidence that the student is enrolled in at least the first year of a professional degree program in an accredited college of pharmacy.

Application will be returned if not completed.

I hereby certify that the applicant for a limited license, to serve a pharmacy internship in this state under a preceptor, is enrolled in at least the first year of a professional program of an accredited college of pharmacy.

Authorized Individual:

Name (Printed) _____

Signature _____

Date Signed _____



**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

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 (pages 5-7).
- I have completed Section 12, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- I have had Section 13, "**College Certification**" completed by the Dean of the College of Pharmacy, or an appointed designee. Note: Graduates of a foreign college of pharmacy are to write "N/A - foreign graduate in the area."
- I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the "**RI General Treasurer**" in the amount of **\$12.50**, 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 6-8)
 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 a copy that has been **notarized** as being a "true copy of the original").
 2. **FPGEE Certificate** (foreign graduates only), or a copy that has been notarized as being a "true copy of the original".
 3. Graduates of foreign colleges of pharmacy must also attach to the application a copy of the degree conferred by the foreign college/university that the applicant attended, and a copy of the pharmacist license by the issuing country. All copies must be notarized as a "true copy of the original".
- I have detached the **Preceptor Affidavit of Internship Hours**", for my use in submitting hours that are accrued under a preceptor. (This form can be duplicated as needed.)
- I have mailed the above application materials directly to the Board of Pharmacy, Department of Health.



Rhode Island Board of Pharmacy

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

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:	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

Intern's Training Period

<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year		Month	Day	Year

City/State/Zip _____

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) _____



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.