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Receipt #

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License # PHL

State of Rhode Island Board of Pharmacy

Room 103
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

Limited License as a Pharmacy Intern

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

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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Application Materials:	
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Licensure Requirements

- Application Fee - \$70.00
- 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).

Military Expedited

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

GENERAL INFORMATION (Continued)

Board of Pharmacy	http://www.health.ri.gov/licenses/healthcare/index.php#pharmacy
License Verifications (All license types)	https://healthri.mylicense.com/Verification

State of Rhode Island Rules and Regulations

Pharmacy Act	http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/5891.pdf
Disposal of Drugs	http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/DOH_165_.pdf
Distributors of Controlled Substances	http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/4867.pdf
Electronic Data Transfer	http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/DOH_162_.pdf
Hypodermic Needles/Instruments	http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/DOH_163_.pdf

State of Rhode Island Statutes

Pharmacy Act	www.rilin.state.ri.us/statutes/title5/5-19.1/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.dea diversion.usdoj.gov/drugreg/reg_apps/index.html
DEA Applications and Reports On-line (Form 106, 41 ...)	www.dea diversion.usdoj.gov/21cfr_reports/index.html
Diversion Control Program Newsletters	www.dea diversion.usdoj.gov/pubs/nwsltr/index.html
Pharmacist's Manual	www.dea diversion.usdoj.gov/pubs/manuals/pharm2/index.htm
A Pharmacist's Guide to Prescription Fraud	www.dea diversion.usdoj.gov/pubs/brochures/pharmguide.htm
Poison Prevention Packaging: A Text for Pharmacists & Physicians	www.cpsc.gov/CPSCPUB/PUBS/384.pdf

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 10) must be completed 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. A change of information form may be obtained at the following website:

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

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/whoweare/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 11). 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 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 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 be 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 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 **\$70.00**, payable to **General Treasurer, State of Rhode Island**, and staple it to the upper left-hand corner of the cover page of the application. 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 order as they appear in the application checklist (page 10). Attach all documents to the BOARD application and mail to:

Rhode Island Department of Health
Board of Pharmacy
Room 103, 3 Capitol Hill
Providence, RI 02908-5097



State of Rhode Island Board of Pharmacy

Approximate Starting Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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/Permit/Certificate 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

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

 / /

Month Day Year

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

 -

Zip Code

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

 -

Zip Code

Postal Code, If NOT U.S.

 -

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

Provide a local or dormitory address/ telephone number at which you can be reached.

1st Line Address (Apartment/Suite/Room Number, Dormitory, etc.)
Second Line Address (Number and Street)
City State ZipCode Phone

8. Qualifying Education

Please list the name and information about the University/College that you currently attend.

Type of School (University, College)
Name of School
Date Enrolled: Month Day Year Expected Date of Graduation: Month Day Year
Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)
Major
Specialty Type Credit Hours



As evidence that the student is enrolled in at least the first year of a professional degree program in an accredited college of pharmacy, the Dean, or an appointed designee, must complete Section 13, entitled "College Certification".

9. Licensures

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

State/Country/License Type: State/Country/License Type:
Active Inactive Pending Active Inactive Pending
Check here if not applicable

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 8 1/2 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?)
Abbreviation of State and Conviction1 (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.



- 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 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.

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 instrumentalities (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 as Pharmacy Technician in the State of Rhode Island.

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 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 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

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

VOLUNTARY RACE/ETHNICITY QUESTIONS*

Note: This information is voluntary and refusal to provide it will not impact 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 Hispanic or Latino? (Mark “No” if not Hispanic or Latino.)

No, not Hispanic or Latino Yes, Hispanic or Latino

2. Race: What is your race? (Mark one or more.)

American Indian or Alaska Native Black or African American White
 Asian Native Hawaiian or other Pacific Islander

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

1. Ethnic Categories:

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.”

Not Hispanic or Latino

A person who is not Hispanic or Latino.

2. Racial Categories:

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

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.

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have 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 6-8).
- I have completed Section 12, "**Affidavit of Applicant**", and have 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 **\$70.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) (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 copy that has been **notarized** as being a "true copy of the original".) **Application will be returned if not supplied to the Board.**
 2. **FPGEC 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.



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/Type _____

Previous Names Used _____

Intern Address _____

City/State/ZipCode _____

*****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/Type _____

License Number _____

Previous Names Used _____

Pharmacy Name _____

License Number _____

Pharmacy Address _____

Intern's Training Period

			—			
Month	Day	Year		Month	Day	Year

City/State/ZipCode _____

Signature of Preceptor _____

Date of Signature _____

Hours Accrued by Intern

Notary:

Name of Notary (Print, Type or Stamp) _____

Signature of Notary _____

Please Affix
Seal Here

Notary No/Commission No _____

Commission Expiration Date (MM/DD/YY) _____