

\*\*\* Submit this page with application \*\*\*

\*\*\*FOR OFFICE USE ONLY\*\*\*

- App. & Fee
- Copy of Driver's License/ID
- Copy of Out-of-State Pharmacist License
- Interstate Verification(s)
- Proof of Military Status (If Applicable)



\*\*\*FOR OFFICE USE ONLY\*\*\*

Receipt #

ID #

Issue Date

License #

**State of Rhode Island  
Center for Professional Licensing  
Board of Pharmacy**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For  
License To Practice Pharmacy By Reciprocity  
Pharmacist***

**Yes**    **No**   **Temporary 90-Day License**

**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) 222-2828**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-1272**

## Licensure Checklist

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- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$280.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.
- Copy of driver's license or state issued id
- Copy of Current out-of-state pharmacist license.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- 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.

## Licensure Process

1. Apply with NABP (National Association of Boards of Pharmacy) at <https://nabp.pharmacy> to take the RI MPJE Multistate Pharmacy Jurisprudence Examination). Please check with NABP for the fee associated with taking this examination. **You must pass this exam before you can request Reciprocity/License Transfer through the NABP.**
2. Apply with NABP (National Association of Boards of Pharmacy) at <https://nabp.pharmacy> for your information to be sent to Rhode Island for your license application by reciprocity.

## Licensure Information

If you request - a 90 day Temporary Pharmacist license will be granted while you wait for the passage of the RI MPJE and Reciprocity/License Transfer from the NABP.

Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application. The license expires annually on June 30th. Licenses issued prior to April 21st will be required to renew by June of the same year. You may not practice until your license is issued.

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information.

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

Mail this application to:

Rhode Island Department of Health  
Center for Professional Licensing  
Board of Pharmacy  
3 Capitol Hill, Room 104  
Providence, RI 02908

## License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



<p><b>7. Preferred Mailing Address</b> Please check <u>ONE</u></p>	<p><input type="checkbox"/> Please use my <b>Home Address</b> as my preferred mailing address</p> <p><input type="checkbox"/> Please use my <b>Business Address</b> as my preferred mailing address</p>
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<p><b>8. Qualifying Education</b></p> <p>Please list the name and information about the college or university that you last attended.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: small;">Type of School (College or University)</td> </tr> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: small;">Name of School</td> </tr> <tr> <td> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="padding: 0 5px;">Date Graduated:</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="font-size: x-small;">State</td> <td></td> <td></td> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td></td> <td style="font-size: x-small;">Year</td> <td></td> </tr> </table> </td> </tr> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: x-small;">Degree Received (Bachelor of Arts, Master of Science, Diploma, etc. )</td> </tr> </table>		Type of School (College or University)		Name of School	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="padding: 0 5px;">Date Graduated:</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="font-size: x-small;">State</td> <td></td> <td></td> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td></td> <td style="font-size: x-small;">Year</td> <td></td> </tr> </table>			Date Graduated:						State			Month	Day		Year			Degree Received (Bachelor of Arts, Master of Science, Diploma, etc. )
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<p><b>9. Other State Licenses</b></p> <p>List all states in which you are now, or ever have been licensed as a pharmacist or have applied for licensure</p>	<p align="right">State:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="padding: 0 10px;"><input type="checkbox"/> Active    <input type="checkbox"/> Inactive</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="padding: 0 10px;"><input type="checkbox"/> Active    <input type="checkbox"/> Inactive</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="padding: 0 10px;"><input type="checkbox"/> Active    <input type="checkbox"/> Inactive</td> <td style="border-bottom: 1px solid black;"></td> <td style="padding: 0 10px;"><input type="checkbox"/> Active    <input type="checkbox"/> Inactive</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="padding: 0 10px;"><input type="checkbox"/> Active    <input type="checkbox"/> Inactive</td> <td style="border-bottom: 1px solid black;"></td> <td style="padding: 0 10px;"><input type="checkbox"/> Active    <input type="checkbox"/> Inactive</td> </tr> </table> <p><b>DOCUMENTATION:</b> You must send an Interstate Verification Form to at least one state listed for an active license above (form on page 8).</p>		<input type="checkbox"/> Active <input type="checkbox"/> Inactive		<input type="checkbox"/> Active <input type="checkbox"/> Inactive		<input type="checkbox"/> Active <input type="checkbox"/> Inactive		<input type="checkbox"/> Active <input type="checkbox"/> Inactive		<input type="checkbox"/> Active <input type="checkbox"/> Inactive		<input type="checkbox"/> Active <input type="checkbox"/> Inactive
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<p><b>10. Criminal Convictions</b></p> <p>Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.</p> <p>If necessary, you may continue on a separate 8½ x 11 sheet of paper.</p>	<p>Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>Abbreviation of State and Conviction<sup>1</sup> (e.g. CA - Illegal Possession of a Controlled Substance):</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="font-size: x-small; text-align: center;">Month</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: x-small; text-align: center;">Year</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td></td> <td style="border: 1px solid black;"></td> <td></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td></td> <td style="border: 1px solid black;"></td> <td></td> <td style="border: 1px solid black;"></td> </tr> </table>		Month		Year											
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<p><b>11. Disciplinary Questions</b></p> <p>Check either Yes or No for each question.</p> <p>NOTE: If you answer "Yes" to any question, you are <b>required</b> to furnish complete details, including date, place, reason and disposition of the matter.</p>	<ol style="list-style-type: none"> <li>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? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <hr style="border-top: 1px dashed black;"/> <li>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? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <hr style="border-top: 1px dashed black;"/> <li>3. Are there any charges or investigations pending, in any state, against you? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> <hr style="border-top: 1px dashed black;"/> <li>4. Have you ever failed to pass an examination for licensure as a pharmacist? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></li> </ol> <p><b>Note:</b> If you answered "yes" to any of these questions you must explain below or, if needed, on a separate sheet of paper.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**12. e-Profile ID**

Please provide the e-Profile ID that is provided by the NABP.

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e-Profile ID

Please visit the NABP website at <https://nabp.pharmacy> in order to get information on how to obtain this ID.

**13. Affidavit of Applicant**

Complete this section and sign .

Make sure that you 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 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 law. I understand that my records are protected under the Federal and State Laws and 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)



# Rhode Island Board of Pharmacy

Room 104, Three Capitol Hill  
 Providence, RI 02908-5097  
 (401) 222-2828

## INTERSTATE VERIFICATION FORM - OTHER STATES OF LICENSURE

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 \_\_\_\_\_ Date Issued \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY THE PHARMACY BOARD

<b>License Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	<b>Original Date Issued:</b>	<b>Expiration Date:</b>
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**Reason for Inactive Status:**

- Questions:**
- Has this licensed technician ever been investigated by your Board?  Yes    No
  - Has this licensed technician incurred any disciplinary proceedings in your state, or is any action pending?  Yes    No
  - Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?  Yes    No
  - 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., Board order, complaint, 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.