

**APPLICATION FOR LICENSURE AS A
PHARMACIST
By Examination**

Please submit with a **check or money order** in the amount of **\$235.00** made payable to the **Treasurer of Virginia**. The application fee is not refundable. Mail to the above address.

Please check [1] one of the following:

Virginia will be my primary state of licensure

I plan to or have already completed a score transfer from another state

PLEASE PRINT - USE BLACK INK

I. GENERAL INFORMATION

Name: Last		First		Middle/Maiden	
Street Address (official address of record**)		City	State	Zip Code	Telephone Number
Street Address (public address**)		City	State	Zip Code	Telephone Number
Email address			NABP E-Profile ID number		
Date of Birth ____/____/____		Social Security Number or Virginia DMV Control Number *			

II. PHARMACY EDUCATION INFORMATION – LIST ALL PHARMACY SCHOOLS ATTENDED

College of Pharmacy Name, City, State, Country (if applicable)	Pharmacy Degree Awarded	
	Date of Enrollment	Date of Graduation
College of Pharmacy Name, City, State, Country (if applicable)	Pharmacy Degree Awarded	
	Date of Enrollment	Date of Graduation
Student Registration: I have or have held registration with the Virginia Board of Pharmacy as a pharmacy intern.	Yes <input type="checkbox"/> Registration No. 0203 _____ No <input type="checkbox"/>	

* In accordance with § 54.1-2400.02 of the Code of Virginia, an applicant must provide an official address of record. An applicant may choose to provide a second address for public dissemination, which may be a work address, a post office box, or a home address. If an applicant does not provide a second address, his official address of record shall also be used as the public address for the purpose of public dissemination.

FOR OFFICE USE ONLY

Application Number	Receipt Number	License Number 0202	Date Issued	
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III. ADDITIONAL LICENSURE: List all states or other jurisdictions in which you now hold or have ever held a license as a pharmacist (use extra paper if necessary)		
STATE	LICENSE NUMBER	EXPIRATION DATE

IV. PRIOR EXPERIENCE WITH NAPLEX:		
Have you ever taken the NAPLEX examination?		Yes <input type="checkbox"/> (list all attempts below—use extra paper if necessary) No <input type="checkbox"/>
DATE TAKEN	STATE WHERE TAKEN	SCORE

V. ANSWER THE FOLLOWING QUESTIONS:

Attach any related documents and use extra paper if necessary	YES	NO
1. Have you ever been denied the privilege of taking a pharmacy licensing examination? If yes, state which examination, where, and explain the reason: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had disciplinary action against your pharmacist license in any other jurisdiction? If yes, what jurisdiction and date, explain, and attach a copy of the board official documents such as notices and orders. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of a violation of local, state or federal statute, regulation or ordinance, or entered into any plea agreement relating to a felony or misdemeanor? (Exclude traffic violations, except convictions for driving under the influence and reckless driving). If yes, what jurisdiction and date where charged or convicted, explain, and attach copies of any official documents such as warrants and court orders showing the nature and disposition of such charges or convictions. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the Federal Food and Drug Administration, the Federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy drug laws? If yes, please explain and provide a copy of any related documents to the board of pharmacy office. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever voluntarily surrendered your pharmacist license or any pharmacist registration issued by a federal or state authority? If yes, please explain and provide a copy of any related documents to the board of pharmacy office. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

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		YES	NO
6.	<p>Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? If yes, provide full explanation including if you have been directed to seek treatment for your conduct or behavior.</p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<p>Within the past five years, have you been disciplined by any entity? If yes, please provide a full explanation and any associated orders or letters from entity.</p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<p>Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacist. If yes, please provide a full explanation. NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider requesting your provider send this documentation directly to the Board.</p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<p>Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacist. If yes, please provide a full explanation including if you have sought or been directed to seek treatment for your conduct or behavior. NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider requesting your provider send this documentation directly to the Board.</p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<p>Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacist? If yes, please provide a full explanation including if you have sought or been directed to seek treatment for your conduct or behavior. NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider requesting your provider send this documentation directly to the Board.</p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<p>Within the past five years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider requesting your provider send this documentation directly to the Board.</p>	<input type="checkbox"/>	<input type="checkbox"/>
12	<p>Are you a spouse of someone who is on federal active duty orders pursuant to Title 10 of the U. S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia?</p>	<input type="checkbox"/>	<input type="checkbox"/>
13	<p>Are you active-duty military?</p>	<input type="checkbox"/>	<input type="checkbox"/>

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VI. AFFIDAVITS OF ADDITIONAL REQUIRED PRACTICAL EXPERIENCE: a minimum of 1500 hours practical experience in the U.S. is needed for meeting the required total number of hours of practical experience. If you did not obtain 1500 U.S. hours as part of an ACPE accredited pharmacy program, please also complete the below section.

Graduates of a foreign college of pharmacy that does not hold ACPE accreditation must also submit a copy of their FPGEC certificate.

** If you graduated prior to 2020, please note additional documentation from the college may be required. Board staff will follow up to gather any additional required information after receiving the application.

Total Number of Hours _____

Affidavits of experience are (check the appropriate box(es):

attached on file at Board office being sent under separate cover by another state board

VIII. AFFIDAVIT OF APPLICANT (The following statement must be signed)

I, _____ hereby certify and affirm that the statements contained
(Print Name)
in this application for a pharmacist license in the Commonwealth of Virginia are true and accurate in every respect.

(Signature of applicant)

Date