

Applicant's Name: \_\_\_\_\_

9901/001 Application	\$ 50.00
9901/001 Licensure fee	\$ 165.00
9901/006 Regulatory fee	\$ 10.00
<hr/>	
9901/001 Application	\$300.00
9901/001 Score Transfer	\$165.00
9901/006 Regulatory fee	\$10.00



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TENNESSEE 37243  
PHONE: (615) 741-2718 FAX: (615) 741-2722  
<http://health.state.tn.us/boards/pharmacy/>

## APPLICATION FOR PHARMACIST EXAMINATION

Prior to being admitted to the NAPLEX® examination, applicants for licensure as a pharmacist must meet all preliminary requirements. All required documentation must be filed with the Board in accordance with the rules and regulations.

Applicants must be at least 21 years of age, and be a graduate of an accredited college of pharmacy. The Tennessee Board of Pharmacy interprets the term “graduated” to mean that the student has completed the actual graduation process and has received a diploma.

Applicants must submit affidavits attesting to internship hours acquired in Tennessee with the application. Internship hours acquired in states other than Tennessee must be certified by the respective state board of pharmacy. **Effective June 22, 2015:** A minimum of 1,700 (seventeen hundred) internship hours are required for licensure. If otherwise qualified, applicants may be allowed to take the examination without the required internship hours, however, hours must be completed before a license can be issued.

**MAIL COMPLETED APPLICATION WITH APPROPRIATE FEE AND INFORMATION TO ADDRESS ABOVE.**

## Checklist for Initial/Score Transfer Pharmacist Graduates Licensure in Tennessee

- \_\_\_1. **APPLICATION:** Complete the application, **sign and have notarized** and mail to the Tennessee Board of Pharmacy with all required documentation.
- \_\_\_2. **PHOTOGRAPH:** Attach a photograph (passport size) in the space provided on the application.
- \_\_\_3. **INTERNSHIP HOURS:** A minimum of 1700 internship hours are required in Tennessee. Candidates should send a notarized affidavit(s) with your application or send them directly to board later. Internship hours are to be recorded on the Internship Affidavits form. Internship hours are not required to sit for the NAPLEX, but are required before your license can be issued. **Hours acquired in other states must be certified by the respective state board of pharmacy prior to submission to the Tennessee Board of Pharmacy.**
- \_\_\_4. **MANDATORY PRACTITIONER PROFILE (Consumer Right to Know Act):** Complete and submit along with your application the *Practitioner Profile Questionnaire* which is online at <http://tn.gov/assets/entities/health/attachments/PH-3585.pdf>. You are required by law update your profile within 30 days of any change as long as you have an active license. Failure to do so may subject you to disciplinary action
- \_\_\_5. **PAYMENT METHODS:** You may make the personal/business check or money order payable to the Tennessee Board of Pharmacy.
- \_\_\_6. **DISABILITY:** If you have any type of disability that would require specific accommodations, please download the Disability Accommodation form from the Tennessee Board of Pharmacy website at: [http://tn.gov/assets/entities/health/attachments/Pharm\\_disAccForm.pdf](http://tn.gov/assets/entities/health/attachments/Pharm_disAccForm.pdf) .
- \_\_\_7. **VIOLATIONS SECTION:** Please read the questions in the Violations section of the application carefully. You must answer "Yes" or "No" to **every** question. **If any of your answers to were in the affirmative, please explain the situation.** In addition to your explanation, the final documents or orders from the issuing states, courts and/or agencies must be submitted.
- \_\_\_9. **DECLARATION OF CITIZENSHIP:** Please complete the attached form, have notarized, and attach one of the forms of identification.
- \_\_\_10. **CRIMINAL BACKGROUND CHECKS IS REQUIRED-**For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>.
- \_\_\_11. **If your application is not complete upon receipt by the board's administrative office, a deficiency letter will be sent to you by mail. Your application will expire one (1) year from the date of receipt. The application fee is non-refundable.**

**INDICATE TYPE OF CANDIDATE**

**NAPLEX** \_\_\_\_\_  
**SCORE TRANSFER** \_\_\_\_\_  
**FOREIGN GRADUATE** \_\_\_\_\_

Attach a recent  
photograph to  
this space

\_\_\_\_\_  
Name (First) (Middle) (Last)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
(City) (State) (Zip Code)

Place of Birth \_\_\_\_\_  
(City) (State) (Email address)

Date of Birth \_\_\_\_\_  
(Month) (Day) (Year) (Sex) (Social Security Number)

Home Phone No. ( ) \_\_\_\_\_ Cell/Work Phone No.( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Do you wish to receive notification, including renewal notification, from the Department of Health via email? \_\_\_ Yes \_\_\_ No

**TENNESSEE REQUIRES 1700 INTERNSHIP HOURS FROM ALL CANDIDATES**

**INITIAL TENNESSEE CANDIDATES \$225.00 FEE**

**If applicable, contact the Pharmacy board in the state where the internship hours were obtained and request the hours be certified to Tennessee.**

**SCORE TRANSFER CANDIDATES \$475.00 FEE**

**If applicable, contact the Pharmacy board in the state where the internship hours were obtained and request the hours be certified to Tennessee.**

**FOREIGN GRADUATES \$225.00 FEE**

**If applicable, contact the Pharmacy board in the state where the internship hours were obtained and request that the hours be certified to Tennessee.**

**FOREIGN GRADUATES must complete at least 500 internship hours in Tennessee within period of six (6) consecutive months.**

**Submit a copy of FPGE<sup>®</sup> certification with application.**

**VIOLATIONS**

Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?

Yes  No

If yes, please provide details of the conviction, such as date of conviction, and please provide any documentation showing the resolution of this case. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your pharmacy license, if licensed in another state, ever been suspended or revoked by the other state for disciplinary reasons?

Yes  No

If yes, please provide explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there **ANY** criminal charges pending against you in this state or any other state?

Yes  No

If yes, please provide explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear and affirm that I have personally completed this form, and that the information in the foregoing paragraphs is true and correct to the best of my knowledge.

\_\_\_\_\_  
*(Signature of Applicant)*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

*(Month)*

My Commission expires \_\_\_\_\_.

\_\_\_\_\_  
*(Notary Public)*

**COLLEGE CERTIFICATION**

College training completed **prior** to entering Pharmacy College: *(To be completed by student)*

Name and Location of College Attended

Period of Attendance

\_\_\_\_\_  
\_\_\_\_\_

**DEGREE** *(To be completed by Pharmacy College)*

This is to certify that \_\_\_\_\_  
was in regular attendance at the \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_

A total of \_\_\_\_\_ months and a Certificate of Graduation with the degree of \_\_\_\_\_

Issued on \_\_\_\_\_ or is scheduled to be Issued on \_\_\_\_\_

*(If scheduled to graduate at a future date, the college will be responsible for advising the Board if for any reason the student does not graduate.)*

(School Seal)

\_\_\_\_\_  
*(Signature of Authorized Representative)*

\_\_\_\_\_  
*(Name Printed)*

\_\_\_\_\_  
*(Title)*

Are you a citizen of the United States?

Yes  No

**OTHER LICENSURE**

Have you ever taken other state board examinations?

Yes  No

Are you licensed in any other state?

Yes  No

If **yes**, list dates and states where examinations were taken:

\_\_\_\_\_

**Do Not Write Below This Line (For Board Use Only)**



LICENSE #	_____
DATE ISSUED	_____
DIRECTOR	_____

**NAPLEX/MPJE:** Cashier's Check /Money Order should be payable to National Association of Boards of Pharmacy.

**NORTH AMERICAN PHARMACIST LICENSURE EXAMINATION**

Examination Date _____	Grade _____
Examination Date _____	Grade _____
Examination Date _____	Grade _____

**MULTI-STATE PHARMACY JURISPRUDENCE EXAMINATION**

Examination Date _____	Grade _____
Examination Date _____	Grade _____
Examination Date _____	Grade _____

**INTERNSHIP PROGRAM**

**STATE**

<b>NUMBER OF HOURS</b>	_____	_____
	_____	_____
<b>TOTAL HOURS</b>	_____	_____

## **Tennessee does not License or Register Interns. This includes Foreign Graduates.**

### **Internship**

Pharmacy Intern means a person enrolled or a graduate of an ACPE accredited school or approved College of Pharmacy, under rules established by the Board, who is serving a period of time of practical experience under the supervision of a pharmacist as defined in the rules of the Board.

1. Prior to licensing by the Tennessee Board of Pharmacy, an applicant must show proof that he/she has acquired at least 1,700 (seventeen hundred) hours of internship after enrollment in a ACPE accredited College of Pharmacy. Internship Affidavit forms will be kept in the Pharmacy Board file for a period of two years prior to receipt of NAPLEX Application.
  - *Enrollment in a College of Pharmacy as interpreted by the Board of Pharmacy to mean after the actual date of the student's physical attendance at the school.*
2. Intern hours may be acquired in another state provided the internship is certified by the respective State Board. Intern hours are transferable from state to state as requested by the student. Intern hours must be certified by the Director of the State Board in the state where the hours of internship are earned.
3. In addition to the requirements (1) and (2), foreign pharmacy graduates shall complete five hundred (500) hours of pharmacy internship in Tennessee within a period of six (6) consecutive months prior to licensure. Those who have acquired their entire seventeen hundred (1700) hours in the State of Tennessee will not be required to obtain an additional five hundred (500) hours in Tennessee.
4. Only one intern may dispense under the direct supervision of a preceptor in any specific time period.
5. No specific amount of internship hours are required prior to taking the NAPLEX examination.



- \_\_\_\_\_ Refugees who meet the qualifications set out in 8 U.S.C. 1157
- \_\_\_\_\_ Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- \_\_\_\_\_ Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- \_\_\_\_\_ Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- \_\_\_\_\_ An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status**, please submit one or more of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status:

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or "Green Card")
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: \_\_\_\_\_

**If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.**