Request to Retake NAPLEX

Use this form if you have failed the NAPLEX exam three times. You cannot retake the exam without approval from the Board. If you have delayed taking the exams for longer than 18 months, you need to submit a new pharmacist application and the required fees before being allowed to sit for the exam, even if you have not failed the exam.

NOTE: the Board will not consider the request of this type unless the requestor has previously applied for a Minnesota pharmacist license. If you applied to a different state for a pharmacist license, and failed that state's examination requirements, the Minnesota Board of Pharmacy will not consider your request to be valid. Instead, you will need to apply to our Board for licensure as a pharmacist, pay the applicable fees, submit the required paperwork, and pass a criminal background check. Once those steps are completed, you could then submit this request that would be considered to allow you to retake the NAPLEX for a fourth time. You would also need to pass the Minnesota version of the MPJE – even if you passed the MPJE for another state.

Your request will not be considered valid unless this form, and the required documents listed below, are all submitted to the Board. All documents should be sent via email **in a PDF format**, faxed, or mailed to the Board.

Related Regulations:
Minnesota Rule 6800.1250
Minnesota Rule 6800.1300

Request Form to Retake NAPLEX

◯ Initial Request ◯ Subsequent Request

You are required to have an active application for licensure as a pharmacist with the Minnesota Board of Pharmacy. Applications expire 18 months after they have been initiated. If you do not have an active application for licensure, you are not eligible and should not complete this form.

Applicant Information – Please Type or Print

This is the individual who is seeking Minnesota licensure as a pharmacist

First and Last Name			
Home Address	City	State	Zip Code
Email Address	Phone Number		

Have you applied for a pharmacist license in another state but failed the examination requirements for that state? If yes, please explain (Include the state(s) and the exams).

How many times have you failed the NAPLEX?

Which exam have you passed and in how many attempts?

Why do you think you failed the NAPLEX?

Explain what you intend to do to prepare to retake the NAPLEX.

Current/Most Recent Pharmacy Employer

Name of Pharmacy		Pharmacy License Number
City and State	Employment Start Date	Employment End Date
Capacity/Position Held		Average Weekly Hours Worked

Current/Most Recent Employer If Not Working In A Pharmacy

Name of employer		Job Title
City and State	Employment Start Date	Employment End Date
Capacity/Position Held		Average Weekly Hours Worked

Previous Employer

Name of Pharmacy		Pharmacy License Number
City and State	Employment Start Date	Employment End Date
Capacity/Position Held		Average Weekly Hours Worked

Provide copies of the following documents (if not available – explain why the document(s) are not available):

- Copies of past exam scores and/or results;
- Proof of completing any exam preparation courses you have taken;
- Proof of enrollment in any exam preparation course that you intend to take.

Acknowledgement

I hereby attest to the accuracy and the truthfulness of the information contained herein. I understand that if I provide inaccurate or untruthful information, any approval granted may be withdrawn and I may be subject to disciplinary action if a license is issued.

_____ _____

Signature of Applicant Date Signed

Email in PDF format or Fax this form to the MN Board of Pharmacy. This document must be submitted with all requested supporting documents.

Fax: 651-215-0951

Email: pharmacy.board@state.mn.us

Tennessen Notification

The data you supply on this form will be used to evaluate your request. You are not legally required to provide this data, but we will not be able to grant your request without it. This data you supply will be a public record, if licensure is ultimately granted, and, at that time, copies may be issued to anyone.