

Eligibility Application for New Pharmacist Licensure

Do not complete if you have completed an online application

NON REFUNDABLE FEE DUE - \$210.25 (Application Fee \$145.00, Background Check Fee \$33.25)

Tennessee Warning. The Board of Pharmacy is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act, Minn. Stat. § 13.01 et seq. Minn. Stat. § 13.04, subd. 2 which requires the Board to notify you of the following four matters before you are asked to supply such information about yourself: (1) This data is being collected to determine whether you meet the requirements for licensure as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to complete and return this application, but failure to do so may result in the denial of this licensure application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your licensure application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and (4) The data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities who have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

Instructions. Each item on this application must be answered fully, truthfully, and accurately by the applicant. Fraud or deception in securing a license is a misdemeanor and cause for revocation or suspension of a license. All items must be completed.

Name (last, first, middle)		Social Security Number	Current MN Intern Number	
Preferred Mailing Address		City	State	Zip
Physical or Actual Mailing Address		City	State	Zip
Email Address	Phone	Fax	Date of Birth (mm/dd/yyyy)	

Please print your name as you wish it to be engrossed on your certificate. **NOTE: Name, including spaces must be less than 22 spaces.**

Race/Ethnicity: (check one)

American Indian or Alaskan Native
 Asian or Pacific Islander

Black (not of Hispanic origin)
 Hispanic
 White (not of Hispanic origin)

Are you a citizen of the United States? Yes No If no, what is your immigration status? _____

Gender: Female Male

Have you completed 1600 hours of internship experience?
 (Minnesota Board Rules 6800.5100 through 6800.5400) Yes No

Have you ever been licensed in another state as a pharmacist? Yes No

If yes, where? _____ Date of licensure: _____

Have you ever been charged with violations of laws affecting the practice of pharmacy or have you ever been disciplined by any healthcare licensing board or agency? Yes No

If the answer is "No," applicant must write the following statement on the lines provided below. "No charges involving moral turpitude or violation of pharmacy, narcotic or liquor laws ever made or pending and no discipline by any healthcare licensing board or agency received or pending."

If the answer is "yes," explain the charges or actions that have been made or taken, on the lines provided. You may attach additional pages, if necessary.

Certification of Attendance and Graduation in Pharmacy

To be completed by the Dean or Registrar's office of the school or college of pharmacy from which you graduated, or anticipate graduating from.

This is to certify that _____ attended the _____
Applicant's Name Name of College

College of Pharmacy from _____ to _____
Date Started Date Ended

Graduation Status: Graduated on _____.

Anticipate Graduation on _____ from 5-year OR 6-year course.

Indicate Degree or Intended Degree: BS Pharm D

Signature _____ Date _____
Dean or Registrar Date

As the undersigned applicant, I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and trust that this application is completed to the best of my ability, as are any affidavits attached or already filed with the Board. I understand that should any misrepresentation or falsification be disclosed upon investigation by the Board of Pharmacy, it may jeopardize my eligibility to be examined as a pharmacist, or it may be cause for revocation of my future pharmacist license.

Signature _____ Date _____
Applicant's Signature Date

Processing and Examination Fees:

- Go to www.nabp.pharmacy and follow the instructions on how to register for the NAPLEX and MPJE exams.
- Send a check to the Minnesota Board of Pharmacy (made payable to the Minnesota Board of Pharmacy).

Initial Fees for Candidates Transferring NAPLEX Scores:

- Go to www.nabp.pharmacy and follow the instructions on how to transfer your NAPLEX score. Apply for the MPJE examination.
- Send a check to the Minnesota Board of Pharmacy (made payable to the Minnesota Board of Pharmacy).