MINNESOTA BOARD OF PHARMACY

Protecting the Public Since 1885 | pharmacy.board@state.mn.us

335 Randolph Avenue, Suite 230 | St. Paul, MN 55102

Variance Request Instructions – For Foreign Pharmacy School Graduates

Use this form if you are requesting a variance to Minn. R. 6800.1250, subp. 1b, which requires graduates of foreign pharmacy schools to complete the National Association of Boards of Pharmacy Foreign Pharmacy Graduate Examination Committee (FPGEC) Certification process. Your variance request will not be considered valid unless this form, and the required documents listed below, are all submitted to the Board.

Variance Request and Policy Review Committee (VPRC) Meeting Dates

All meetings begin at 9:00 am, please see the Board's website for current dates and submission deadlines.

Variance requests and requests for appointments at VPRC meetings will only be accepted until **12:00 PM** on the submission deadline date. If the variance request form is incomplete and/or if the form and supporting documents are not submitted by the submission deadline date and time, the submission will not be considered a valid variance request and will be either postponed to the next meeting or returned to the requestor. Plan your submissions accordingly to avoid any delays.

A Board meeting will usually occur two weeks after the VPRC meets. You will receive a letter after the Board meeting to notify you of the Board's decision.

Appointments

If you would like to present to the VPRC to discuss your submission, you must request an appointment on the variance request form. Appointment times are limited and must be requested at the time of the variance submittal.

Due to the large number of variance requests, meeting appointments are limited and will be granted to new variances first and then to renewed variances that are proposing significant changes in the policy and procedures. Appointment times will not be assigned until all required documents are received.

If you wish to request an appointment, complete the appointment section on the form. Staff will reach out to you if an appointment is available.

All documents should be sent via email or mailed to the Board. If the request is sent to any other board or email address, the request may not be included on the agenda for the Variance and Policy Review Committee meeting in question.

Review the rule below for an explanation on considerations that the Board must follow regarding variance requests.

BOARD OF PHARMACY RULE 6800.9900 **VARIANCES**

Subpart 1. **Right to request variance.** The pharmacist-In-Charge of a pharmacy requesting a variance, or in the case of manufacturers, wholesalers or gas distributors, a person responsible for the operation, may request that the board grant a variance from any rule of the Board of Pharmacy.

Subp. 2. **Submission and contents of request.** A request for a variance must be submitted to the board in writing. Each request must contain the following information:

A. the specific rule for which the variance is requested;
B. the reason for the request;
C. the alternative measures that will be taken if a variance is granted;
D. the length of time for which a variance is requested; and
E. any other relevant information necessary to properly evaluate the request for the variance.

Subp. 3. **Decision on variance.** The board shall grant a variance if it determines that:

A. the variance will not adversely affect directly or indirectly, the health, safety, or well-being of the public;
B. the alternative measures to be taken, if any, are equivalent or superior to those prescribed in the part for which the variance is

requested; and

C. compliance with the part for which the variance is requested would impose an undue burden upon the applicant. The board shall deny, revoke, or refuse to renew a variance if the board determines that item A, B, or C has not been met.

Subp. 4. **Notification.** The board shall notify the applicant in writing within 60 days of the board's decision. If a variance is granted, the notification shall specify the period of time for which the variance will be effective and the alternative measures or conditions, if any, to be met by the applicant.

Subp. 5. **Renewal.** Any request for the renewal of a variance shall be submitted in writing prior to the expiration date of the existing waiver. Renewal requests shall contain the information specified in subpart 2. A variance shall be renewed by the board if the applicant continues to satisfy the criteria contained in subpart 3 and demonstrates compliance with the alternative measures or conditions imposed at the time the original variance was granted.

Subp. 5a. **Successor Pharmacist-In-Charge duties for active variances.** After termination of the services of a Pharmacist-In-Charge, the successor Pharmacist-In-Charge shall submit, on the approved form, an acknowledgment of an awareness and understanding of any active variances that the pharmacy has been granted according to this part. The successor Pharmacist-In-Charge shall be responsible for ensuring that any conditions imposed by the board on any active variances continue to be met. Existing active variances shall remain in effect until the successor Pharmacist-In-Charge successfully submits the forms required in this subpart, for 90 days from the naming of a successor Pharmacist-In-Charge, or until the expiration date of the existing variance, whichever is sooner.

Subp. 6. **Research projects.** Pharmacists desiring to participate in research or studies not presently allowed by or addressed by rules of the board may apply for approval of the projects through waivers or variances in accordance with subparts 1 to 4.

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New Variance Request Form for FPGEC Variances

◯ Initial Request ◯ Extension Request

◯ I request an appointment. ◯ An appointment is not necessary for this request.

Due to the large number of variance requests, meeting appointments are limited and will be assigned on a first-come, first-served basis. Appointment times will not be assigned until all required documents are received.

Individual for whom variance is being requested

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

First and Last Name

Home Address

Email Address

Phone Number

Provide a brief summary of your request explaining what you are proposing.

Explain how the request will not adversely affect the health, safety, or well-being of the public.

Explain why the proposal is equivalent or superior to the requirement of the rule for which the variance is requested.

Explain why the compliance with the current rule will impose an undue burden on you. Explain why you can't complete the FPGEC process and what you have done to prepare for the exam(s).

Provide copies of the following documents:

- Confirmation of graduation from the foreign college of pharmacy (e.g. – a transcript);
- Confirmation that you are participating in NABP's FPGEC process;
- Scores from any tests you have already completed (FPGEE or TOEFL);
- Evidence that you are legally in the country (green card, refugee card, etc.);
- Statement that you intend to practice in Minnesota, include current place of employment;
- If you do not live in Minnesota, please provide the date by which you intend to move to Minnesota and where you intend to work;
- For TOEFL Variance requests, provide letter(s) pertaining to your ability to speak, read, listen, and write in English from your current employer

Length of time is the variance requested ◯ 6 months ◯ 12 months ◉ Other _____

If an attorney or other representative will assist you with your request, list their information.

Name _____ Phone # _____

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 variance granted may be withdrawn and I may be subject to disciplinary action if a license is issued.

_____ _____
Signature of Applicant Date Signed

Email or Fax this form to the MN Board of Pharmacy. This document must be submitted with all requested supporting documents. Please note cutoff dates and times for each meeting. Meeting schedules can be found on the Board's website.
Fax: 651-215-0951
pharmacy.board@state.mn.us

Tennessen Notification

The data you supply on this form will be used to evaluate your variance request. You are not legally required to provide this data, but we will not be able to grant you a variance 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.