

Variance Request Instructions – Request to Retake NAPLEX or MPJE

Use this form if you are requesting a variance to Minn. R. 6800.1250, subp. 2, which requires applicants for a pharmacist license to pass both the NAPLEX and MPJE within 18 months of submitting a completed application for a pharmacist license. **If you have failed one (or both) of those exams three times, you cannot retake the exam(s) without approval from the Board.** If you have delayed taking one (or both) of 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 exams, even if you have not failed the exams.

NOTE: the Board will not grant a variance 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 variance 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 request a variance that would allow 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 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 be present at 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.

New Variance Request Form for NAPLEX and MPJE Retake Variances

Initial Request

Subsequent 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.

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 for a variance and should not complete this form.

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	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.

For which exam(s) are you requesting a variance to retake?

MPJE NAPLEX Both

How many times have you failed the exam(s)?

Which exam have you passed and in how many attempts?

Why do you think you failed the exams?

Explain what you intend to do to prepare to retake the exam(s).

Current/Most Recent Employer

Name of Pharmacy		Pharmacy License Number	
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

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.

Length of time is the variance requested 3 months 6 months

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

Email: pharmacy.board@state.mn.us

Tennessee 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.