



# Missouri Pharmacist License By Examination Application

## MISSOURI PHARMACIST LICENSE BY EXAMINATION APPLICATION & INSTRUCTIONS

### IMPORTANT INFORMATION

- Complete this application if you are applying to be licensed as a pharmacist by examination.
- Do not use this application if you previously applied for licensure by examination in Missouri and have failed the NAPLEX or MPJE. A **Pharmacist Examination Retake Application** must be filed if you are applying to retest.
- All pharmacist applicants must be fingerprinted and undergo a criminal history background check. (See *fingerprint instructions below*).
- **Important Note for Foreign Graduates:** If you graduated from a pharmacy school that is not located in the United States or a United States territory, you must submit a Foreign Pharmacy School Graduate Preliminary Evaluation application. Do not use this form to apply for licensure by examination if you are a foreign pharmacy school graduate. See rule 20 CSR 2220-7.040 for foreign graduate licensure and certification requirements.

For additional licensing information, see the [Missouri Pharmacist Licensing FAQ](#) on the Board's website.

### OVERVIEW OF PHARMACIST LICENSE BY EXAMINATION PROCESS

▶ <b>STEP 1:</b>	Submit the Pharmacist License By Examination Application to the Missouri Board of Pharmacy
▶ <b>STEP 2:</b>	Register to take the NAPLEX with the National Association of Boards of Pharmacy (NABP)*
▶ <b>STEP 3:</b>	Register with NABP to take the Multistate Pharmacy Jurisprudence Examination (MPJE)*
▶ <b>STEP 4:</b>	Board will notify NABP that you are eligible to test.
▶ <b>STEP 5:</b>	Receive your Authorization to Test (ATT) from NABP/Pearson VUE (testing vendor)
▶ <b>STEP 6:</b>	Schedule your NAPLEX & MPJE Testing Date
▶ <b>STEP 7:</b>	Take and Pass the NAPLEX & MPJE
▶ <b>STEP 8:</b>	Pharmacist License Issued By the Board

\* Applicants may register to take the NAPLEX/MPJE prior to submitting a Pharmacist License by Examination Application to the Board. However, applicants will not be declared eligible to test for Missouri until a completed Pharmacist License by Examination Application has been processed by the Board.

### INSTRUCTIONS FOR FILING YOUR PHARMACIST LICENSE APPLICATION WITH THE BOARD

The following items must be submitted to complete this application:

- **Completed Pharmacist License By Examination Application.**
- **Fee of \$150.00** made payable to the Missouri Board of Pharmacy. The fee may be a money order, cashier's check or personal check. All fees are deposited upon receipt, and are non-refundable. Deposit of the fee does not mean your application has been accepted or approved.
- **Proof of Fingerprinting:** A fingerprint receipt from the State's approved fingerprinting vendor (3M/Cogent) must be attached to this application unless fingerprints were taken at a law enforcement agency outside of Missouri. (See Fingerprint Instructions section below for Out-of-State Applicant instructions.)
- **A 2" X 2" head and shoulders photo** of the applicant. Attach the photo to the application in the photo box provided.
- **Pharmacy College Affidavit.** The Pharmacy College Affidavit section of the Application must be completed by your pharmacy school. Alternatively, a separate verification letter may be submitted from your school attesting to



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all affidavit information. Verification letters must be on school letterhead and bear the appropriate school seal. Your application will not be deemed complete until the Affidavit/verification letter has been received.

- **Proof of Intern Hours--** Missouri requires a minimum of 1,500 intern hours.
  - **St. Louis College of Pharmacy & UMKC Pharmacy School Graduates** – Your pharmacy school will certify the hours earned as part of your school curriculum to the Board after you graduate. Contact your school to request certification.
  - **Non-Missouri Students** – The Board of Pharmacy in the state where the hours were earned must certify the number of internship hours completed. The certification must be submitted directly from the requisite Board of Pharmacy and mailed to: Missouri Board of Pharmacy, P.O. Box 625, Jefferson City, Missouri 65102. If your state licensing board does not certify intern hours, your pharmacy school/college must submit a verification letter directly to the Board that documents the number of hours earned. Verification letters must be submitted on school letterhead and bear the appropriate seal.
- **Mail Application To:** Missouri Board of Pharmacy, PO Box 625, Jefferson City, MO 65102.

Allow three (3) weeks for processing your application. If additional information is required, you will be notified in writing. Incomplete applications or failure to completely/accurately disclose criminal history information will result in additional delay and may require additional review by the Board.

**To be licensed, pharmacist applicants must pass the NAPLEX & MPJE examinations administered by the National Association of Boards of Pharmacy (see exam registration information below).** If you pass the required exams and your application is approved, your license will be issued and your license number and status will be available on the Board's website. The Board allows applicants to use the website as proof of licensure until your printed license is received from the Board office. Your license will be mailed to the applicant address listed on your application. Please allow 3-5 days for mailing.

### EXAMINATION INFORMATION

1. In addition to filing a Pharmacist License by Examination Application with the Board, candidates must register to take the NAPLEX and MPJE directly with the National Association of Boards of Pharmacy (NABP). Both the NAPLEX and MPJE exams are administered as computerized exams.
2. NABP exam registration applications for the NAPLEX and MPJE can be submitted to NABP online at <http://www.nabp.net/programs/>.
3. The current examination fee is \$755: NAPLEX (\$505) and MPJE (\$250). Examination fees must be paid to NABP. Fees can be paid online with a credit/debit card or by mailing a money order or cashier's check made payable to "NABP" with your paper registration application.
4. The Board office does not accept NAPLEX/MPJE registration applications/fees. NAPLEX/MPJE registration applications and fees must be submitted and paid to NABP.
5. Please contact the Board office to notify us when you have registered for the exams. Notification can be made by calling or e-mailing: (573) 751-0092 or [pharmacist@pr.mo.gov](mailto:pharmacist@pr.mo.gov). The Board will notify NABP once you are eligible to test. *Note: Approval to test does not mean that your pharmacist license application has been approved. A final decision on your application will not be made until your test scores have been received. The Board reserves the right to deny or otherwise restrict licensure for candidates approved to test. Application and testing fees will not be refunded if your license is subsequently denied or otherwise restricted by the Board.*
6. After you have been declared eligible to test by the Board, you will receive an Authorization to Test (ATT) from NABP or NABP's approved testing vendor- Pearson VUE. The Board does not send or handle ATT forms. Questions regarding your ATT should be forwarded to NABP.
7. Instructions on scheduling a testing date, time and testing site will be provided when you receive your ATT. You are responsible for scheduling testing dates/times with Pearson VUE as provided in the instructions given. Exams can be taken at any Pearson VUE testing site (for a list of locations visit [www.pearsonvue.com](http://www.pearsonvue.com)).
8. A minimum score of seventy-five (75) is required to pass each exam. The NAPLEX and MPJE are scored independently and may be retaken independently in the event the candidate fails to achieve a passing score.
9. Your test scores will be electronically sent to the Board after you take the exam(s). **Allow two (2) weeks from your exam date for score results to be processed.** You will be notified in writing of your test results. Score



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results may also be checked online at <http://www.nabp.net/programs/examination/naplex/naplex-and-mpje-score-results/>. **Score results will not be given over the phone, by e-mail or by fax under any circumstances.**

10. If you pass both exams (NAPLEX and MPJE) and your application is approved by the Board, the Board will issue your pharmacist license within 2-4 weeks. You do not need to contact the Board to request your license or to report test results. Please limit phone calls to the extent necessary.
11. If you fail to achieve a passing score on either or both exams, you may request to retake by submitting a Pharmacist Examination Retake Application to the Board. Applications are available online at [www.pr.mo.gov/pharmacists-forms.asp](http://www.pr.mo.gov/pharmacists-forms.asp). If you fail the NAPLEX or MPJE two (2) consecutive times, the Board may establish additional training or study requirements before you are authorized to retake.
12. For additional information on exam content, format and registration, see NABP's [NAPLEX Registration Bulletin](#) and the [MPJE Registration Bulletin](#) available online at <http://www.nabp.net/programs/examination/naplex/registration-bulletin>.

### \*\*\*SCORE TRANSFERS\*\*\*

To transfer your NAPLEX score from or to another jurisdiction, you must register directly with NABP for a score transfer. Score transfer requests must be submitted directly to NABP within ninety (90) days after taking the exam. For additional score transfer information, visit NABP's website at <http://www.nabp.net/programs/examination/naplex/score-transfer>.

## FINGERPRINT INSTRUCTIONS

To complete your application, you must be fingerprinted and undergo a criminal history background check. Fingerprinting must be conducted by 3M/Cogent, the Board's approved fingerprinting vendor. To be fingerprinted, complete the following steps:

▶ <b>STEP 1:</b>	Register to be fingerprinted on the Missouri Automated Criminal History Site (MACHS) website at <a href="http://www.machs.mo.gov">www.machs.mo.gov</a> or call 877-862-2425. <b>To register, you must provide the fingerprint vendor "Registration Number: 0003.</b> Do not contact the Board to schedule a fingerprint appointment.
▶ <b>STEP 2:</b>	Once you are registered, you will be given a "TCN" number from MACHS online or over the phone. Write down or print your TCN number and take it with you when you are fingerprinted.
▶ <b>STEP 3:</b>	Find a fingerprint location by clicking on "Fingerprint Sites" on the top of the MACHS webpage located at <a href="http://www.machs.mo.gov">www.machs.mo.gov</a> or by calling 877-862-2425. Once a preferred location is designated, you will see the location address and hours of operation. The Board does not maintain location site addresses or hours of operation. Applicants must visit the MACHS website or call the fingerprinting vendor to find a location site.
▶ <b>STEP 4:</b>	Take your TCN number and a valid government issued ID with you to the fingerprint location. <b>You WILL experience a long wait at the fingerprint location if you do not register online or forget to take your TCN number to the fingerprint location.</b>
▶ <b>STEP 5:</b>	Pay the fingerprint fee and get your prints taken. You must pay the fingerprint fee online or in person at the site. For verification purposes, your picture will be taken at the fingerprint site. <b>This picture cannot be used as the picture required for your application.</b>
▶ <b>STEP 6:</b>	After you are fingerprinted, you will be given a fingerprint receipt that shows you have been fingerprinted. <b>The receipt must be submitted to the Board with your completed application.</b> Receipts must be dated no more than six (6) months prior to submission of the application. If the receipt date is more than six (6) months from the date your application was submitted, you will be required to be re-fingerprinted and pay an additional fee.



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- ▶ **Out-of-State Applicants:** If you are outside of the state and cannot drive to a Missouri fingerprint location, please register with MACHS as indicated above and make payment online. You will then need to go to a law enforcement agency and complete two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. **Write Registration Number: 0003 on your fingerprint card. Write your TCN number on the back of your fingerprint cards.** Mail your cards to: 3M/Cogent, Missouri CardScan, 639 N. Rosemead Blvd., Pasadena, CA 91107. Fingerprint cards should not be mailed to the Board. Mailed fingerprint cards take longer to process; expect longer processing times.

*[Click here](#) or visit the Board's website to learn more about the fingerprint process.*

### QUESTIONS

Questions regarding the Pharmacist License By Examination Application may be addressed to:

E-Mail: [pharmacist@pr.mo.gov](mailto:pharmacist@pr.mo.gov)  
Phone: (573) 751-0092  
Fax: (573) 526-3464

Questions regarding the NAPLEX/MPJE, exam registration, and ATT should be addressed to NABP at:

E-Mail: [custserv@nabp.net](mailto:custserv@nabp.net)  
Phone: (847) 391-4406  
Fax: (847) 391-4502



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## MISSOURI PHARMACIST LICENSE BY EXAMINATION APPLICATION & INSTRUCTIONS

<b>ATTACH 2" X 2" PHOTO HERE</b>  <i>Head &amp; Shoulders Only</i>	<b>STATE OF MISSOURI</b> DIVISION OF PROFESSIONAL REGISTRATION <b>MISSOURI BOARD OF PHARMACY</b>	<b>MAILING ADDRESS:</b> MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	FOR OFFICE USE ONLY TOTAL INTERN HOURS
		<b>OVERNIGHT ADDRESS:</b> 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	LICENSE #
			ISSUE DATE
			VOID DATE
			RECEIVED DATE
- SEE INSTRUCTIONS FOR COMPLETION OF THIS FORM AND FINGERPRINT REQUIREMENTS - <b>APPLICATION FEE: \$150</b> - KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS - QUESTIONS: E-MAIL: <a href="mailto:pharmacist@pr.mo.gov">pharmacist@pr.mo.gov</a> or call (573) 751-0092			

APPLICANT INFORMATION				
APPLICANT NAME (LAST)	(FIRST)	(MIDDLE)	(MAIDEN)	SOCIAL SECURITY NUMBER
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)
DATE OF BIRTH (MM/DD/YYYY)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CONTACT TELEPHONE NUMBER	
EMAIL ADDRESS				

EMPLOYMENT INFORMATION <i>(Provide the following information for your current or anticipated employment, if known.)</i>	
EMPLOYER BUSINESS NAME	MISSOURI PHARMACY PERMIT NO.
ADDRESS (STREET)	(CITY) (STATE) (ZIP)
EMPLOYMENT START DATE	

EXAMINATION INFORMATION
SELECT THE EXAMINATIONS YOU ARE REQUESTING TO TAKE:  <input type="checkbox"/> Both Exams (NAPLEX and MPJE) <input type="checkbox"/> NAPLEX Only <input type="checkbox"/> MPJE*** <i>*** Only applicable to score transfer candidates whose NAPLEX scores from another jurisdiction will be transferred to Missouri by the National Association of Boards of Pharmacy (NABP). Score transfer requests must be submitted directly to NABP.</i>
SCORE TRANSFER CANDIDATES: Date NAPLEX will be or was taken (if known, give approximate date): _____ <div style="text-align: right;">(MM/DD/YYYY)</div>
<i>To register for the exams, a separate exam registration request must be submitted to NABP. Exam registration information may be obtained online at <a href="http://www.nabp.net/programs/">http://www.nabp.net/programs/</a>.</i>

SPECIAL ACCOMMODATIONS
DO YOU NEED SPECIAL ACCOMMODATIONS TO TAKE THE EXAM(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, an <a href="#">Application for Disability Accommodation</a> should be completed and mailed to the Board. Applications are available on the Board's website at <a href="http://pr.mo.gov/pharmacists-forms.asp">http://pr.mo.gov/pharmacists-forms.asp</a>.)</i>

INTERN HOURS
All applicants for pharmacist licensure must complete 1,500 internship hours that comply with 20 CSR 2220-7.025 in order to be eligible to take the examinations. Proof of internship hours must be submitted to the Board as follows: <ul style="list-style-type: none"> <li><b>St. Louis College of Pharmacy &amp; UMKC Pharmacy School Graduates</b> – Your pharmacy school will certify the hours earned as part of your school curriculum to the Board after you graduate. Contact your school to request certification.</li> <li><b>Non-Missouri Students</b> – The Board of Pharmacy in the state where the hours were earned must certify the number of internship hours completed. The certification must be submitted directly from the requisite Board of Pharmacy and mailed to: Missouri Board of Pharmacy, P.O. Box 625, Jefferson City, Missouri 65102. If your state licensing board does not certify intern hours, your pharmacy school/college must submit a verification letter directly to the Board that documents the number of hours earned. Verification letters must be submitted on school letterhead and bear the appropriate seal.</li> </ul>

**PHARMACY COLLEGE AFFIDAVIT (TO BE COMPLETED BY PHARMACY SCHOOL)**



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The Pharmacy College Affidavit section of the Application must be completed by your pharmacy school. Alternatively, a separate verification letter may be submitted from your school attesting to all affidavit information. Verification letters must be on school letterhead and bear the appropriate school seal. Your application will not be deemed complete until the Affidavit/verification letter has been received.

**THE UNDERSIGNED HEREBY CERTIFIES THAT THE ABOVE NAMED APPLICANT ATTENDED:**

NAME OF PHARMACY SCHOOL/COLLEGE				GRADUATION DATE (MM/DD/YYYY)	
SCHOOL ADDRESS (STREET)		(CITY)		(STATE) (ZIP)	
DEAN OR REGISTRAR SIGNATURE				DEGREE CONFERRED <input type="checkbox"/> B.S. <input type="checkbox"/> PharmD. <input type="checkbox"/> Other _____	
PRINT NAME				TITLE	
				DATE	
				School Seal (affix school seal below)	

## CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS AND STATUS

Answer all questions in this section. If you answer "yes" to any question, a detailed written explanation must be included with your application (attach additional sheets if necessary). Failure to include an explanation or to answer all of the questions will result in your application being rejected. If you are in doubt, answer "yes" and provide an explanation.

- a. **SUSPENDED IMPOSITION OF SENTENCE/SUSPENDED EXECUTION OF SENTENCE:** You are required to answer "yes" to the criminal history questions and to provide an explanation even if you have received a Suspended Imposition of Sentence ("SIS") or Suspended Execution of Sentence ("SES"). An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. You must answer "yes" even if you received an SIS or an SES.
- b. If you answer "yes" to any of the criminal history questions, you must provide certified court documents that show the dates, charges and dispositions of your arrests/convictions. Typically, this would include copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case. Documents MUST be certified by the court.
- c. If you've had a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate, denied or disciplined in this state or in any other state or country, provide an explanation and a copy of any related official documents, settlement agreements or disciplinary documents.
- d. 338.185 RSMo provides: "After August 28, 1990, notwithstanding any other provisions of law, the board of pharmacy shall have access to records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed."

1. Do you have any felony or misdemeanor criminal charges pending against you in Missouri or in any other state, country or court (including federal court)?  YES  NO
2. Have you ever been found guilty or entered a plea of guilty or nolo contendere to a felony or misdemeanor in Missouri or in any other state, country or court (including federal court)?  YES  NO
3. Have you received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri or in any other state, country or court (including federal court)?  YES  NO
4. Are you now charged or have you ever been found guilty of or entered a plea of guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol in any state, country or court (including a municipal court) whether or not sentence was imposed or a suspended imposition of sentence (SIS) was received? (i.e., DUI, DWI, etc.)  YES  NO
5. Have you ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate denied in this state, or any other state or country? (If yes, copies of any denial documents must be provided)  YES  NO



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- 6. Have you ever had a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate disciplined in this state or in any other state or country? *(If yes, copies of any disciplinary documents must be provided)*  YES  NO
- 7. Have you ever voluntarily surrendered a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate in lieu of discipline or while a complaint /investigation was pending?  YES  NO
- 8. Are you now using any drug, controlled substance or alcoholic beverage to an extent that such use may impair your ability to perform the work of a pharmacist?  YES  NO
- 9. Are you currently addicted to or dependent on alcohol or any drug (controlled or non-controlled) or other substance?  YES  NO
- 10. In the past 10 years, have you been addicted to or dependent on alcohol or any drug (controlled or non-controlled or other substance)?  YES  NO
- 11. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice pharmacy in a safe and competent manner?  YES  NO
- 12. In the past 10 years, have you ever been adjudged insane or incompetent by or in any state, court or country?  YES  NO
- 13. Are you now or have you ever been required by any state or federal court or by any state, federal or municipal law to register as a sex offender?  YES  NO
- 14. Are you now or have you ever been placed on the List of Excluded Individuals and Entities maintained by the U.S. Department of Health and Human Services, Office of Inspector General (also known as the "OIG Exclusion List")?  YES  NO
- 15. Are you now or have you ever been placed on the Employee Disqualification List maintained by the Missouri Department of Health and Senior Services or the Missouri Department of Mental Health (even if a waiver has been granted)?  YES  NO

## TAX COMPLIANCE

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The following tax information must be provided:

### Pursuant to Section 324.010, RSMo:

- Were you a Missouri resident in any of the last 3 years?  YES  NO
- Did you have any Missouri income in any of the last 3 years?  YES  NO
- Were you subject to Missouri income tax in any of the last 3 years?  YES  NO

**All questions must be completed. False statements are subject to criminal penalties and/or license discipline. For tax questions, contact the Department of Revenue at (573) 751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).**

## APPLICANT AFFIDAVIT

I have personally completed the foregoing application truthfully and completely. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I hereby certify under the penalty of perjury that the above statements, as well as all information provided here, are true and accurate.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY		SIGNATURE OF APPLICANT	
DATE		PRINT NAME	
NOTARY PUBLIC EMBOSSEUR OR BLACK INK RUBBER SEAL STAMP	STATE	COUNTY (OR CITY OF ST. LOUIS)	



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	SUBSCRIBED AND SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			