



PHARMACIST EXAMINATION RETAKE APPLICATION & INSTRUCTIONS

IMPORTANT INFORMATION

- Complete this application only if you have applied for pharmacist licensure in Missouri and have failed the NAPLEX and/or MPJE.
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. You are only required to retake the exam(s) that was not passed.
If you have failed the NAPLEX or MPJE two (2) consecutive times, the Board may establish additional training or study requirements before you are authorized to retest. Alternatively, you may be scheduled to meet with the Board before being authorized to retest.

OVERVIEW OF EXAMINATION RETAKE PROCESS

Table with 2 columns: Step and Description. Steps include: Submit the Pharmacist Examination Retake Application to the Board, Register to take the NAPLEX and/or MPJE with the National Association of Boards of Pharmacy (NABP), Board will notify NABP that you are eligible to test, Receive your Authorization to Test (ATT) from NABP/Pearson Vue (testing vendor), Schedule your NAPLEX and/or MPJE Testing Date, Take and Pass the NAPLEX and/or MPJE, Pharmacist License Issued By the Board.

INSTRUCTIONS FOR FILING YOUR EXAMINATION RETAKE APPLICATION WITH THE BOARD

The following items must be submitted to complete this application:

- Completed Pharmacist Examination Retake 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.
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.

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

- Exam registration applications must be submitted directly to NABP. Registration applications can be submitted to NABP online at http://www.nabp.net/programs/.
The current examination fees are: 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.



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3. The Board office does not accept NAPLEX/MPJE registration applications/fees. NAPLEX/MPJE applications and fees must be submitted and paid to NABP.
4. 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. 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.*
5. 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.
6. Instructions on scheduling a testing date, time and location will be provided when you receive your ATT. You are responsible for scheduling testing dates, times or locations 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).
7. A minimum score of seventy-five (75) is required to pass each exam. 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 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 or by e-mail or fax under any circumstances.**
8. If you pass the required exam(s) 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.
9. 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>.

QUESTIONS

Questions regarding the Pharmacist Examination Retake Application may be addressed to:

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

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

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



Pharmacist Examination Retake Application

MISSOURI BOARD OF PHARMACY PHARMACIST EXAMINATION RETAKE APPLICATION

STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY	MAILING ADDRESS: MISSOURI BOARD OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102 OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	FOR OFFICE USE ONLY
		DATE ELIGIBLE TO RETAKE _____ NAPLEX _____ MPJE _____ RECEIVED DATE _____
- SEE INSTRUCTIONS FOR COMPLETION OF THIS FORM - APPLICATION FEE: \$150 - KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS - QUESTIONS: E-MAIL: pharmacist@pr.mo.gov 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				

EXAMINATION INFORMATION
SELECT THE EXAMINATIONS YOU ARE REQUESTING TO RETAKE: <input type="checkbox"/> Both Exams (NAPLEX and MPJE) <input type="checkbox"/> NAPLEX ONLY <input type="checkbox"/> MPJE ONLY
<i>To register for the exams, a separate exam registration request must be submitted to NABP. Exam registration information may be obtained online at http://www.nabp.net/programs/.</i>

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



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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
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



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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

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.

SIGNATURE OF APPLICANT

DATE

PRINT NAME