

GEORGIA BOARD OF PHARMACY
A Division of the Georgia Department of Community Health
2 Peachtree Street, N.W.
6th Floor
Atlanta, Georgia 30303

PHARMACIST APPLICANT INFORMATION SHEET

Examination dates are available at <http://gbp.georgia.gov/events> .

Examination applications must be received four (4) weeks prior to the exam dates in order to be considered. **Please note that timely submission does not guarantee seating at the next scheduled exam due to limited seating availability.**

APPLICATION FOR LICENSURE IN GEORGIA: The following items must be received in order to be considered for licensure:

- Required fees made payable to the GA Board of Pharmacy as follows:
 - \$250 non-refundable application fee and practical exam fee; and
 - \$50 non-refundable decorative wall certificate fee. These fees must be made submitted in two separate checks.
- Verification of graduation from College of Pharmacy
- Passing exam score reports:
 - Minimum score of 75 on the NAPLEX and MPJE examinations.
- A score of less than 70 on any section of the Georgia Practical examination invalidates all the scores from that administration of the Georgia Practical examination.

EXAM INFORMATION: You are required to take the NAPLEX and MPJE through NABP. Contact them at nabp.net.

- NABP & MPJE results are valid for two years.
- If you have not already taken the NAPLEX and MPJE, please schedule the exams with NABP and contact the Georgia Board of Pharmacy after you have registered for the exam(s).
- Score reports received from NABP may be obtained via the NABP website at:
<http://www.nabp.net/programs/examination/naplex/naplex-and-mpje-score-results/>.

Pre-NAPLEX information: Contact NABP at www.nabp.net.

INTERNSHIP HOURS:

All candidates for the examination must have acquired 1500 hours of approved internship on file with our office by the Deadline Date of All Supporting Documents.

- If your **internship hours were obtained in another state, you must contact that State Board of Pharmacy office and request that they certify your internship hours to Georgia.**
- The Board will accept up to:
 - **1000 school hours** for candidates who are enrolled in the **Doctor of Pharmacy program.**
 - **480 school hours** for those enrolled in the **B.S. Pharmacy program.**

FOREIGN GRADUATES:

- Must also submit a Foreign Pharmacy Graduation Examination Committee (**FPGEC**) **certificate.**
- Foreign graduate intern hours must be from a pharmacy in the U.S.

RECIPROCITY APPLICANTS:

- Application deadline dates do not apply.
- Access the NAPLEX/MPJE Registration Bulletin at www.nabp.net, which provides information regarding fees, exams, etc.

Current Georgia State Board of Pharmacy Laws & Rules and Candidate Information Bulletins are available at:
www.gbp.georgia.gov.



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Do Not Write In This Section:
Receipt#: _____
Amount: _____
Applicant #: _____
Initials/Date: _____

Address: 2 Peachtree Street, N.W., 6th Floor, Atlanta, GA 30303
Telephone #: (404) 651-8000
Fax #: (678) 717-6694
Website: www.gbp.georgia.gov

APPLICATION FOR INITIAL LICENSURE BY EXAMINATION

Application Fee: \$300 Fee. Submit two (2) separate checks or money orders: one for \$250.00 and one for \$50.00 both payable to the Georgia Board of Pharmacy. Application fees are nonrefundable.

DISABILITY- The Board will provide reasonable accommodation to a qualified applicant with a disability in accordance with the Americans with Disabilities Act. If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES. VETERANS PREFERENCE POINTS- Veterans may be eligible for special benefits in testing. For more information, contact the Board office. **Submit copy of DD214 with your application.**

Part I: Personal Information

Name: _____
(PLEASE PRINT) First Middle Last

Name as desired on License: _____
(PLEASE PRINT) First Middle Last

Name as shown on exam records or transcripts
(if different – please print) _____
First Middle Last

PLEASE CHECK ONE OF THE FOLLOWING: MALE: _____ FEMALE: _____

Social Security Number _____ - _____ - _____ **Date of Birth** _____

Physical Address _____
P.O. Box not acceptable- Number and Street Apt. No City/State Zip

Mailing Address _____
(if different) Number and Street Apt. No City/State Zip

(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Secretary of State’s website. The mailing address is used for renewal notices, and application processing.)

***This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner’s Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.**

Telephone Number Day Telephone Number Evening Email* FAX

***Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email will not be shared with third parties.**

Part II: Professional Education

12. Highest Degree Earned: _____ Doctorate _____ Master’s _____ Bachelor’s _____ Diploma/Certificate

13. Name/Address of Pharmacy School attended:

a. Dates Attended: _____ c. Graduation Date _____

b. Major: _____ d. Degree(s) Earned: _____

14. **Yes** **No** Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI’s are **not** minor violations.) **If yes, you must attach an explanation and request official documents be sent to Board office.**

15. **Yes** **No** Have you ever had any restrictions as a Medicaid or Medicare provider? **If yes, you must provide an explanation.**

16. **Yes** **No** Have you ever had revoked or suspended or otherwise sanctioned any license issued by any Board or Agency in Georgia or in any other State? **If yes, you must provide an explanation.**

17. **Yes** **No** Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal or a license by any Board or Agency in Georgia or any other State? **If yes, you must provide an explanation.**

18. **Yes** **No** Have you taken a previous examination given by the Georgia State Board of Pharmacy **If yes, give number of times and dates.**

List all states in which you now hold or have ever held a pharmacist license, and have licensing board(s) submit verification of licensure directly to the Georgia Board office: _____

19. **Yes** **No** Have you ever failed or been refused an examination by any State Board of Pharmacy? **If yes, give details.**

20. **Yes** **No** Are you applying on the basis of a NAPLEX score transfer? **If yes, have you taken the NAPLEX? Approximate Date of NAPLEX Exam _____**

21. **Yes** **No** Have you registered for the Georgia MPJE examination? **If yes, please indicate the approximate date of registration? _____**

If you have not taken the NAPLEX and MPJE, please contact NABP. After you register for your exams, contact Ms. Itovia Evans, Licensing Analyst for the Georgia Board of Pharmacy, via email: ievans@dch.ga.gov.

22. COLLEGE TRAINING COMPLETE – (Prior to entering Pharmacy College)

Name and location of College attended Period of attendance. Show exact dates.

First Year _____
month day year - month day year

Second Year _____
month day year - month day year

Third Year _____
month day year - month day year

Fourth Year _____
month day year - month day year

Fifth Year _____
month day year - month day year

23. PHARMACY COLLEGE TRAINING COMPLETED

Name and location of College Attended. Exact Dates of your Attendance.

First year _____
month day year - month day year

Second year _____
month day year - month day year

Third year _____
month day year - month day year

Fourth year _____
month day year - month day year

Fifth year _____
month day year - month day year

I was granted a diploma by _____ located at _____

on the _____ day of _____, 20_____.

24. PHOTOGRAPH (passport size)

I certify that the above photograph is a true likeness of me and that it was taken within _____ days of the date this application was signed.

Signed _____

25. CERTIFICATE OF PHARMACY EDUCATION

It is hereby certified that _____ of _____
Name of Applicant City & State

matriculated in _____ at _____
Name of School

on _____ and attended _____ courses or lectures _____
Date

months each, and received a diploma from _____ conferring a degree in Pharmacy on

Date

Signature of President, Secretary or Dean Date

(Seal of College)

26. AFFIDAVIT OF APPLICANT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Pharmacy and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on pages 6 & 7 of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Pharmacy and/or criminal prosecution.

Signature of Applicant Date

Print Applicant’s Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that he/she is the person who executed this
(Applicant’s Name)

application for a license by examination for Pharmacy in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____ County _____ State _____

My Commission Expires _____

(seal)

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents under O.C.G.A. § 50-36-2
Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- _____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]
- _____ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § secure and 50-36-2(c)]

PLEASE MAIL THIS FORM TO:
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A Division of the Georgia Department of Community Health
2 Peachtree Street, N.W.
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Atlanta, Georgia 30303

CONSENT FORM

I hereby authorize the **GEORGIA STATE BOARD OF PHARMACY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I also give consent to the Georgia State Board of Pharmacy to perform periodic criminal background checks for the duration of my active licensure status with this state.

(Applicant's Full Name – Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex _____ Race _____ Date of Birth: _____ Social Security Number: _____
(MM/DD/YYYY)

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)