

APPLICATION FOR REGISTRATION

INTERN

(Expires the fourth May 31 from date of issue.)

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us



FOR BOARD USE ONLY [0307] \$30.00
CHECK/MO #
BATCH DATE
ENTERED BY

FEE: \$30.00 (Check or Money Order only)
ALL FEES ARE NON-REFUNDABLE

This is a three page application. Failure to fully complete this application or provide all of the items requested will require us to return it to you for additions/corrections.

- 1. Attach a passport/visa style photograph (2x2 inches in size) taken within the past 6 months.
2. Attach a copy of your state driver's license or state issued ID card.

If you are a Foreign Pharmacy Graduate, you must provide your Original FPGEC Certificate and a copy of your TOEFL and TSE (or TOEFL iBT) scores to the Oregon Board of Pharmacy.

Full Name
Physical Address
City, State, Zip
Mailing Address
Phone Numbers () - () -
Date of Birth / / E-mail Address

SOCIAL SECURITY # The Oregon Board of Pharmacy is required, under Title 42 USC § 666(a)(13) and ORS 25.785 to obtain the social security numbers of all licensees. Your social security number may be used for purposes of identification and to conduct a background investigation. The Board may disclose your social security number to pharmacies, other state boards of pharmacy and to law enforcement agencies. Failure to provide SSN will result in non-licensure. If you do not have a SSN Number, please provide a copy of your Passport and U.S. Visa showing you are entitled to work in the United States (i.e., H1B Visa).

OREGON PRE-GRADUATES ONLY / TO BE COMPLETED BY AN OFFICIAL OF YOUR COLLEGE OF PHARMACY:

I verify that the above named applicant has completed the first professional year of study, that they are currently enrolled and in good standing at Oregon State University or Pacific University College of Pharmacy.

OFFICIAL'S SIGNATURE
TITLE DATE
COLLEGE OF PHARMACY ADDRESS

FOR OUT OF STATE STUDENTS/GRADUATES: You must have a college official indicate on Official College Letterhead that you are enrolled in a pharmacy program; that you are in good academic standing and that you have completed your first professional year of study.

Oregon Administrative Rule 855-031-0030 states that in order for an Oregon Intern to obtain credit for internship experience outside the State of Oregon, pharmacy interns must:

- Be licensed in the state in which they will practice;
- Meet or exceed the minimum intern requirements of the Oregon Board of Pharmacy; and
- Request the board of pharmacy or other authorized certifying representative of that state to certify the location, type of experience, and the preceptor to the Oregon Board of Pharmacy.

APPLICANT'S PERSONAL HISTORY

High School Education: Name of High School Graduated From: _____

City _____ State _____ Zip Code _____

OR High School Equivalent Credentials Issued By: _____

City _____ State _____ Zip Code _____

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions will result in the denial of your application or another appropriate sanction authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor In Possession) violations, possession of controlled substances, theft, shoplifting, domestic violence, assault violations, any other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened. You do not have to report simple traffic infractions such as speeding tickets, or parking tickets.

This information must be reported whether or not the arrest/citation was dismissed; dismissed through diversion; or happened over 5 years ago. Please contact the Oregon Board of Pharmacy at (971) 673-0001 if you do not understand the above information.

If the answer is "Yes" to any part of these questions, you **must** provide a written explanation of the circumstances in detail. You must also provide copies of all police reports, court documentation and other related documents. Failure to provide these records will lengthen the time it takes to process your application.

1. Do you have any condition that in any way impairs or may impair your capacity to perform the duties of a Pharmacy Intern with reasonable skill and safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you use, or have you used a chemical substance in any way that may impair or limit your ability to perform the duties of a Pharmacy Intern with reasonable skill and safety? (Chemical Substance" includes alcohol and drugs).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any disciplinary actions been taken (or are any actions pending) against your license in any state or US jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you suffered any civil judgment related to incompetence, negligence or malpractice concerning the practice of health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you currently engaged in the unlawful use of controlled substance(s)? (Unlawful use of controlled substances means the use of controlled substances obtained illegally (e.g., marijuana, meth, heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been found in any civil, administrative or criminal proceeding to have possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or dispensed controlled substances for yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential in connection with or to avoid action by such authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Have you ever been found in any civil, administrative or criminal proceeding to have: <ul style="list-style-type: none"> a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed any controlled substance for yourself? b. Committed any act involving dishonesty? c. Violated any state or federal law or rule regulating the practice of a health care profession? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been cited, arrested for, charged with or convicted of the Commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been charged with or disciplined for the violation of a pharmacy, Liquor or drug law or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is "NO" to these questions, you must write out and sign the following statement:

"I have never been arrested for, charged with nor convicted of the commission of any crime, offense or violation of the law in any state or by the federal government. I have never been charged with nor disciplined for the violation of a pharmacy, liquor or drug law or regulation by a professional licensing board or agency. I have never surrendered or resigned a professional license."

I hereby certify that I have read this application and further certify that the information provided on this form is true and correct. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license. I am aware that the Oregon Board of Pharmacy will conduct a criminal records check through the Law Enforcement Data System (LEDS).

SIGNATURE _____ DATE _____
 (For Above Questions/Statement)

I am aware that I may not dispense drugs except under the supervision of a licensed pharmacist and am aware of my responsibility to protect the confidentiality of medical records. I have read, and agree to abide by the internship rules of the Oregon Board of Pharmacy found at Oregon Administrative Rule 855, Division 031. I am aware that failure to observe these rules may result in denial of internship hours and disciplinary action against my license.

APPLICANT'S SIGNATURE _____ DATE _____

MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS, AND FEES, PAYABLE TO THE OREGON BOARD OF PHARMACY

ALL RETURNED CHECKS WILL BE ASSESSED A \$25.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)