

PREVIOUS EXAMINATION RECORD:

If you have previously taken Board examinations for a Pharmacist license in this or any other state you must disclose places, dates and results:

State	Date	Passed or Failed

PREVIOUS LICENSURE AS REGISTERED PHARMACIST:

Name of State	Date Acquired	Cert. No.	In Good Standing?

APPLICANT'S HISTORY OF ARRESTS, CHARGES, OR CONVICTIONS OF LAW VIOLATIONS AND DISCIPLINE:

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 under ORS 689.490(2). **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.

Have you ever been 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 the charges were dismissed? YES [] NO []

Have you ever been charged with or disciplined for the violation of a pharmacy, liquor or drug law or regulation by a professional licensing board or agency? YES [] NO []

Have you ever surrendered or resigned a professional license? YES [] NO []

If the answer is "YES" to any of the questions above, explain the circumstances in detail. You **MUST** provide all copies of police reports and court documents. Failure to provide records will lengthen the time it takes to process your application.

If the answer is "NO" to these questions, you must *hand write* 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."

PROOF OF QUALIFICATIONS:

For proof of age, I enclose a copy of: Birth Certificate _____ Naturalization Papers _____ Other Legal Document _____

To substantiate birth, education, and character, I submit the preceding information and the necessary affidavits which form a part of this application. A **recent** photograph, **properly identified by my signature** on its reverse side, is also submitted. Photograph must be within one year and a minimum size of 2 inch square, full front view.

I do solemnly swear or affirm that I have personally filled in this form, and that the information provided is true and correct to the best of my knowledge and belief and that I am fully aware that the filing of incorrect or false information may be considered just cause for denial of my pharmacist license.

Signature of Applicant in presence of Notary Public

Subscribed and sworn to before me this _____ day of _____, A.D. 20_____.

My Commission Expires _____ Notary Public _____