

# NORTH AMERICAN PHARMACIST LICENSURE EXAMINATION (OREGON AS PRIMARY STATE)

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



FOR BOARD USE ONLY	[0315] \$50.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____

**For office use only.**  
 Fee \_\_\_\_\_  
 Degree \_\_\_\_\_  
 Internship Hours \_\_\_\_\_  
 ID / Photo \_\_\_\_\_

**NON-REFUNDABLE  
 APPLICATION PROCESSING FEE \$50.00**

**DO NOT USE THIS APPLICATION IF YOU ARE SCORE TRANSFERRING ANOTHER STATE NAPLEX EXAM SCORE TO OREGON. YOU WILL BE PROVIDED A SCORE TRANSFER APPLICATION AT A LATER DATE.**

**RETURN THIS APPLICATION AND NON-REFUNDABLE \$50.00 FEE (CHECK OR MONEY ORDER ONLY) MADE PAYABLE TO "OREGON BOARD OF PHARMACY." ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5).**

I, \_\_\_\_\_  
 First Name Middle Name Last Name  
 of \_\_\_\_\_  
 Address City State Zip Code

Being 18 years of age, of good moral character, and having graduated from an accredited college of pharmacy approved by the State, do now submit the following information and supporting affidavits (relative to my birth) to establish my eligibility for examination and licensure as a pharmacist under laws and regulations applicable thereto in this State of Oregon.

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.

\_\_\_\_\_ Place of Birth Date of Birth (mm/dd/yy) Nationality  
 \_\_\_\_\_  
 Contact Telephone Number E-Mail Address

I graduated from \_\_\_\_\_  
 Name of High School Graduated From City & State

on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

ACPE COLLEGE EDUCATION INFORMATION		
Name of College(s) Attended	City/State	MM/YY – MM/YY Attended

I was granted a diploma of graduation from \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Type of Degree Awarded: \_\_\_\_\_.

Do you hold a Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate? [ ] YES [ ] NO

If you previously submitted your Original FPGEE Certificate to the Oregon Board of Pharmacy, DO NOT submit it again.  
 Revised January 4, 2012

**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 DUUI (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. Do not report speeding or parking violations.

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 *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."

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_