OREGON PHARMACIST LICENSING PROCEDURES – RECIPROCITY

To be eligible to apply for reciprocity (license transfer) to Oregon, you must meet the requirements of Oregon Revised Statute 689.265 and Oregon Administrative Rule 855-019-0130.

If you are a Foreign Pharmacy Graduate or a PGY1 or PGY2 and have not been licensed as a pharmacist for one full year, please contact the Oregon Board of Pharmacy for more information on how to apply for licensure by Reciprocity.

To register for the Oregon exams, you need to complete an eligibility form on the NABP website. You cannot apply for licensure in Oregon until you have passed the NAPLEX and the MPJE.

The exam fees and further information can be found on NABP’s Registration Bulletin. You can reach NABP at (847) 391-4406 or https://nabp.pharmacy/programs/.

Once your eligibility to test has been confirmed by NABP, you will receive an email from PearsonVue Testing Company with an Authorization To Test (ATT).

To Become Licensed in Oregon, please complete the following steps:

☐ Complete and submit the NABP NAPLEX / MPJE Eligibility Request Form.

☐ Take and pass the Oregon MPJE exam.  
Passing Oregon MPJE scores are valid 6 months from test date. You will need to become licensed prior to the score expiration to avoid completing the process again.

☐ Submit your preliminary e-LTP (or Reciprocity) application to NABP.

The current NABP preliminary application to transfer to another state is $375. Click this link for more information and to access the application.  https://nabp.pharmacy/programs/licensure-transfer/.

NABP will review the preliminary application. They review your pharmacist license information and professional history, as well as, among other things, your education, practical experience, and examination record. NABP will mail you the official license transfer application to submit to the Oregon Board of Pharmacy.*

If you have not yet passed the Oregon MPJE and received the Official License Transfer application from NABP, DO NOT SUBMIT AN APPLICATION OR DOCUMENTS OTHER THAN TRANSCRIPTS TO THE OREGON BOARD OF PHARMACY.*

DO NOT COMPLETE THE FOLLOWING STEPS UNTIL YOU HAVE PASSED THE OREGON MPJE AND RECEIVED THE LICENSE TRANSFER APPLICATION FROM NABP.

Complete the Oregon Pharmacist Licensure Application and the NABP Official License Transfer application and mail to the Oregon Board of Pharmacy along with the required documents and fees listed on page 2.
Required documents and fees:

☐ An original 2”x2” passport/visa style photograph taken within the past 6 months;
  ☐ You can obtain a photo at Walgreens, Fred Meyer/Kroger, Costco, Rite Aid, AAA, or other places that offer Passport Photo services.

☐ A copy of your birth certificate **AND** a state issued photo ID (issued from the vital records office in the state you were born in), OR a color copy of your U.S. Passport.
  ☐ If you were born outside the United States, you can submit a color copy of your country passport and work visa, country passport and Employment Authorization Document (EAD), or country birth certificate and naturalization document or residency card.

☐ Official Transcripts of your College or University Record
  ☐ Submit your official transcripts detailing courses and grades, from your college, university, or pharmacy school in a sealed envelope. Official transcripts must include a school seal/stamp, degree awarded and the dates you attended pharmacy school. The sealed envelope may be submitted to the Board by you or directly from your college, university of pharmacy school. Your transcripts may be sent electronically to transcripts.pharmacy@state.or.us.
  ☐ If you have an FPGEE/FPGEC Certificate, you must submit the original certificate for verification. It will be returned to you via certified mail. The certificate will be accepted in lieu of transcripts from your Pharmacy College or University.

☐ If you have been arrested or cited for violations of the law other than simple traffic infractions such as speeding or parking tickets, you must provide the following items:
  ☐ A written explanation of the circumstances in detail;
  ☐ Copies of all police reports. Contact the police agency(ies) involved for police reports;
  ☐ Court documents. Contact the court for court documents; and
  ☐ Other related documents.

Failure to provide these records with your application will lengthen the time it takes to process your application. Refusal to provide these records will make your application incomplete, and ineligible for processing. The review of your documentation may lengthen the application processing time. If you have previously reported and provided the required documentation on a previous application you do not need to resubmit the documentation.

☐ $360.00 Licensing Fee* payable to the Oregon Board of Pharmacy by check or money order only. (**In the period of 1/1/19-6/30/19, please see application for applicable pro-rated pharmacist license fee.**)

The Reciprocity fee is $200.00. The Oregon Pharmacist license fee* is $120.00 and there is also a $40.00 fingerprint processing fee*. (**Not required if completed in last 12 months**) You may submit a single check for all fees.

  ☐ Once your application, $320.00 licensing fees*, and $40.00 fingerprint processing fee are received, you will receive the information you need in order to schedule an appointment to complete a National Fingerprint Based Background Check. This will be emailed to you.
  ☐ There is an additional $12.50 fee that is required when you schedule your appointment to be fingerprinted at a Fieldprint facility near you. Your fingerprints will be electronically submitted to the Oregon State Police and the results will be sent to the Oregon Board of Pharmacy. Please allow an average of 10-15 days for the processing of your fingerprints by the Oregon State Police.

Once your complete license application; fingerprint background check results; transcripts, confirmation of hours; photo; and copy of your passport or birth certificate and state issued photo ID have all been received and approved by the Board, your Oregon Pharmacist license will be issued.
OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND, OREGON 97232
(971) 673-0001
www.pharmacy.state.or.us

PHARMACIST LICENSE APPLICATION FEE
RECIPIROCITY FEE
NATIONAL FINGERPRINT BACKGROUND CHECK FEE* (not required if completed for OBOP in last 12 months)

Total RPH fees for licensure by Reciprocity - $360.00 ($320 if fingerprints not required)

License renewal will be required in 2019.

*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, to conduct a background investigation, and debt collection efforts. The Board may disclose your social security number to the following entities: the Oregon Department of Justice; the National Association of Boards of Pharmacy; the National Practitioner Databank; other state boards of pharmacy; law enforcement agencies and collection firms. Failure to provide your SSN could result in non-licensure.

NAME
(PRINT YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON THE WALL CERTIFICATE. DO NOT USE TITLES OR DEGREES.)

FULL NAME ____________________________________________________________

SOCIAL SECURITY # ----- - ----- - * DATE OF BIRTH ___/___/____

PHYSICAL ADDRESS ________________________________________________

CITY, STATE, ZIP ________________________________________________

PHONE NUMBER – HOME (___) - PHONE NUMBER – CELL (___) -

MAILING ADDRESS (IF DIFFERENT) __________________________________

CITY, STATE, ZIP ________________________________________________

E-MAIL ADDRESS (BOARD USE ONLY) ________________________________

E-MAIL ADDRESS (PUBLIC) __________________________________________

EMPLOYER NAME ________________________________________________

EMPLOYER ADDRESS ______________________________________________

CITY, STATE, ZIP ________________________________________________

PHONE NUMBER (___) - START DATE ___/___/____

NABP E-PROFILE # __________________________

I understand that I can request up to 2 free copies of my license. If I request more than 2 copies, I will have to pay $5.00 for each additional page of 2 copies. Please send me ___________ copies of my pharmacist license. For more than 2 copies, additional payment has been included.
MORAL TURPITUDE SECTION

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 as 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, or assault violations, or another violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened.

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.

1. Do you have any conditions that in any way impairs or may impair your capacity to perform the duties of a Pharmacist with reasonable skill and safety?
   [ ] Yes [ ] 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 Pharmacist with reasonable skill and safety? (“Chemical Substance” includes alcohol and drugs.)
   [ ] Yes [ ] No

3. Have any disciplinary actions been taken (or are any actions pending) against your license in any state or US jurisdiction?
   [ ] Yes [ ] No

4. Have you suffered any civil judgment related to incompetence, negligence or malpractice concerning the practice of health care?
   [ ] Yes [ ] No

5. Have you ever 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.)
   [ ] Yes [ ] 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?
   [ ] Yes [ ] 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?
   [ ] Yes [ ] No

8. Have you ever been found in any civil, administrative or criminal proceeding to have:
   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 substances for yourself?
      [ ] Yes [ ] No
   b. Committed any act involving dishonesty?
      [ ] Yes [ ] No
   c. Violated any state or federal law or rule regulating the practice of a health care profession?
      [ ] Yes [ ] 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?
   [ ] Yes [ ] No
10. Have you ever been charged with or disciplined for the violation of a pharmacy, liquor or drug law or regulation?  

[ ] Yes  [ ] No

__________________________________________________________________________________

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.

☐ Check here if you have reported this information to the Board and provided documentation on a previous application. You do not need to resubmit documentation that you have already provided.

If the answer is “NO” to these questions, you must hand write-out and sign the following statement:

“I have never been arrested or cited 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.”

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I have read and agree to abide by the rules of the Oregon Board of Pharmacy found at Oregon Administrative Rule 855, Division 019. I am aware that failure to observe these rules may result in imposition of a civil penalty, revocation, and other actions against my license.

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 falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license.

Signature of Applicant in presence of Notary Public

_________________________________________  Date

Subscribed and sworn to before me this _____________ day of _________________, A.D. 20____

My Commission Expires ________________________ Notary Public ________________________

[ ] Please check here if you received an Honorable Discharge from the U.S. Military.

(This data is being collected for statistical purposes.)
CULTURAL DIVERSITY INFORMATION
Provision of this Information is Voluntary

The 2001 Legislature passed Senate Bill 786 (ORS 676.400), a law which is designed to identify populations underserved by health care providers. The law requires regulatory agencies to collect and maintain licensee’s racial, ethnic and bilingual information and to report this data to the Legislature.

Race:

___ Asian  ___ American Indian/Alaskan Native
___ Black or African American  ___ Native Hawaiian/Pacific Islander
___ White (not Hispanic)  ___ Other

Please explain:

______________________________
______________________________

Ethnicity:

___ Hispanic/Latino  ___ Non-Hispanic or Latino
___ Refused to Answer

Bilingual:

Are you bilingual?  ☐ Yes  ☐ No

If yes, check applicable languages:

_____ Spanish  _____ French  _____ Italian  _____ German  _____ Dutch
_____ Scandinavian  _____ Slavic  _____ Arabic  _____ Persian  _____ Japanese
_____ Vietnamese  _____ Greek  _____ Turkish  _____ Hebrew  _____ Chinese
_____ Cambodian  _____ Korean  _____ Thai  _____ Russian  _____ ASL
_____ Indian/Pakistan  ____________________________ Other (Please list)