

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 [0324] \$50.00

RECEIPT # _____

CHECK # _____

RETAKE FEE \$50.00
ALL FEES ARE NON-REFUNDABLE

**REQUEST TO RETAKE NORTH AMERICAN PHARMACIST
LICENSURE EXAMINATION**

I wish to retake the North American Pharmacist Licensure Examination. Attached is my personal check or money order in the amount of \$50.00 made payable to The Oregon Board of Pharmacy.

SIGNATURE _____

PRINTED NAME _____

ADDRESS _____

CITY, STATE & ZIP _____

PHONE _____ EMAIL _____

*ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK
FEE PURSUANT TO ORS 30.701(5)*