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.

You cannot apply for licensure in Oregon until you have passed the Oregon MPJE and completed the Licensure Transfer process through NABP. The exam fees and additional information can be found in the NABPs Registration Bulletin. You can reach NABP at (847) 391-4406 or https://nabp.pharmacy/programs/.

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

1. Log into your NABP e-profile account and apply for the Oregon MPJE. For more information and to apply for the exam, please go to: https://nabp.pharmacy/programs/mpje/. Once you have completed the MPJE application process and your eligibility to test has been confirmed by NABP, you will receive an email from PearsonVue Testing Company with an Authorization To Test (ATT).

2. 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 testing process again.

3. Submit your preliminary e-LTP (Licensure Transfer / Reciprocity) application to NABP.

   For more information and to access the application, please go to: 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. Once you e-LTP application is successfully processed, NABP will electronically submit your official license transfer application directly to the Oregon Board of Pharmacy.*

   If you have not yet passed the Oregon MPJE and applied for Licensure Transfer through NABP, DO NOT SUBMIT AN APPLICATION OR DOCUMENTS OTHER THAN TRANSCRIPTS TO THE OREGON BOARD OF PHARMACY.*

   DO NOT COMPLETE THE NEXT STEPS UNTIL YOU HAVE COMPLETED THE STEPS ABOVE IN THE ORDER LISTED.
4. Complete the attached Oregon Pharmacist Licensure Application and mail to the Oregon Board of Pharmacy along with the required documents listed below.

Required documents and fees:

☐ An original 2”x2” passport/visa style photograph taken within the past 6 months;
   o 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 color copy of your 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.
   o 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 (not required for FPGEC)
   o 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 or by mail to:
     Oregon Board of Pharmacy
     800 NE Oregon St, STE 150
     Portland, OR 97232

☐ 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:
   o A written explanation of the circumstances in detail;
   o Copies of all police reports. Contact the police agency(ies) involved for police reports;
   o Court documents. Contact the court for court documents; and
   o 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. You may submit a single check for all fees.

   o 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.

   o 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, 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
RECIPROCITY FEE
NATIONAL FINGERPRINT BACKGROUND CHECK FEE
(License expires on June 30 in odd numbered years)

Total Pharmacist application fee for licensure by Reciprocity - $360.00  License renewal will be required in 2019.

Please note: Pharmacists licensed in the period of July 1, 2017 – June 30, 2018 must complete 30 hours of Continuing Education (CE) to consist of at least 2 hours of pharmacy and drug law, 2 hours of safety/error prevention and 26 ‘other’ (therapeutics, etc.) hours. Eligible hours for the 2019 renewal cycle must be completed in the period of July 1, 2017 - June 30, 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.

STATE LICENSE BEING USED AS THE BASIS OF TRANSFER:_____

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.”

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 am attesting to the fact that I have taken and passed the Oregon MPJE and completed the Licensure Transfer Application prior to submitting this application to the Oregon Board of Pharmacy.

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 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.)

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

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

**Applicant Notification and Record Challenge:** Fingerprints submitted will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification records are set forth in Title 28, CFR, 16.34.

---

**USE OF YOUR SOCIAL SECURITY NUMBER:**

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 Oregon Department of Revenue, 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 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). If you are attending school on an F1 Visa, please provide a copy of your I94 and I20 which has been signed by your Designated School Official.

---

Signature: ______________________________________ Date: ______________

Printed Name: ____________________________________
NONCRIMINAL JUSTICE APPLICANT’S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

1 Written notification includes electronic notification, but excludes oral notification.
2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
3 See 28 CFR 50.12(b).
4 See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
Access by Individuals for Purpose of Review and/or Challenge

(1) All individuals desiring to review information concerning them maintained in the OSP Criminal Offender Information System or Firearm Instant Check System, or who believes that the information as maintained is inaccurate, incomplete, or maintained in violation of any state or federal statute or act, shall be entitled to review such information and obtain a copy thereof for the purpose of review, challenge or correction.

(2) Verification of such individual's identity may only be effected through submission, in writing, of name, date of birth, and a set of rolled ink fingerprints to the Oregon State Police, Identification Services Section, 3772 Portland Road N.E., Salem, OR 97303. The request for review may be made at the Oregon State Police, Identification Services Section, 3772 Portland Road N.E., Salem, OR 97303, or through mail or postal service. The OSP may prescribe reasonable hours and places of inspection. If the request is made by mail or postal service, after positive identification by the OSP of the fingerprints submitted, copy of the record, along with the fingerprints submitted for that purpose, will be returned to the individual making the request to the address provided in the request.

(3) All data included in the Criminal Offender Information System is obtained from contributing Criminal Justice and Designated Agencies. All data included in the Firearm Instant Check System is obtained from contributing Oregon Gun Dealers as defined in 18 U.S.C. § 921. If after review of the information concerning them as maintained in such record, the individual believes that it is incomplete or incorrect in any respect and wishes changes, corrections, or updating of the alleged deficiency, they must make application directly to the contributor of the questioned information, requesting the appropriate agency or Gun Dealer to correct it in accordance with its respective administrative rules and procedures. Upon receipt of an official communication directly from the agency or Gun Dealer which contributed the original information, the OSP will make any changes necessary in accordance with the information supplied by the agency or Gun Dealer.

(4) Any individual whose record is not removed, modified, or corrected as they may request, following refusal by the agency originally contributing such information, may proceed under the provisions of Rules 30.00 to 30.80 of the Attorney General’s Model Rules of Practice and Procedures under the Administrative Procedure Act, relating to contested cases and judicial review. After conclusion of such procedure or review, any information found to be inaccurate, incomplete, or improperly maintained, shall be removed from the individual's record and the originating agency so notified with copy of the record as corrected being furnished to the challenging individual.

(5) Any Criminal Justice or Designated Agency receiving a record after such notice of contested case has been filed and prior to final determination, shall be notified by the OSP that the record is being challenged.

(6) All individuals desiring to obtain a police clearance or documentation of no record maintained in the OSP Criminal Offender Information System for purposes other than review, challenge or correction specified in (1) will be charged a fee of $33 for each request. Verification of the requesting individual’s identity shall only be effected through submission and positive identification of the person’s fingerprints.

(7) All individuals desiring to obtain a set of their inked fingerprints for purposes other than review, challenge or correction specified in section (1) of this rule will be charged a fee of $20 for each fingerprint card provided, except as provided in ORS 181.556(1) & (2).

[Publications: Publications referenced are available from the agency.]