Print Form

Louisiana Board of Pharmacy

5615 Corporate Blvd., Suite 8-E
Baton Rouge, Louisiana 70808-2537

Telephone (225) 925-6496
Facsimile (225) 925-6499
Web address: www.labp.com
Email: labp@labp.com

APPLICATION FOR PHARMACIST LICENSE BY EXAMINATION

BEFORE YOU BEGIN:

- The Louisiana Board of Pharmacy is the regulatory agency for the practice of pharmacy in Louisiana.
- It is your responsibility to read and understand all requirements for becoming a Louisiana Registered Pharmacist prior to submitting this application. Keep these instructions for future reference.
- The falsification of any information on an application or the submission of any fraudulent document to the board shall constitute sufficient basis to deny the application and refuse to issue the license.
- Applications for Pharmacist License are valid for a period of one year from the date the application was received in the Board office.
- Exam scores are valid for a period of one year from the date of the exam.
- Pre-licensure hours or practical experience will expire one year after Certification of Graduation.
- All licenses expire on December 31st every year, regardless of date issued.

QUALIFICATIONS FOR PHARMACIST LICENSE BY EXAMINATION (La R.S. 37:1202):

1) Age – must be 21 years or older.
2) Character – must be of good moral character and non-impaired.
3) Education
    a. Must have graduated and received a professional degree from an approved college of pharmacy; OR
    b. Must be in receipt of **full certification** from the Foreign Pharmacy Graduate Examination Committee (FPGEC.)
4) Pre-licensure hours – 1,500 hours earned through an internship or other program approved by the Board.
5) Application – must submit a written application.
6) Application fee – $300 payable to Louisiana Board of Pharmacy.
7) Examination – must pass both of the following examinations:
    a. North American Pharmacist Licensure Examination (NAPLEX)
    b. Multistate Pharmacy Jurisprudence Examination (MPJE) for Louisiana

FOREIGN PHARMACIST GRADUATES:

- Pharmacist graduates of a foreign college of pharmacy are not eligible for licensure and are not eligible for a pharmacy intern registration until they have received full certification from the Foreign Pharmacist Graduate Equivalency Committee (FPGEC) at the National Association of Boards of Pharmacy (NABP.)
- For all information regarding this Certification, please contact NABP directly at 847-391-4406 or www.nabp.net.

APPLICATION PROCEDURE:

Mail the following items to the Louisiana Board of Pharmacy:

1) Completed Application for Pharmacist License by Examination.
2) $300 application fee payable to Louisiana Board of Pharmacy or LABP (payable by personal check, money order or cashier's check.)
3) Legible copy of your birth certificate.
    - If the name on your application differs from that on your birth certificate, you must provide documentation of a legal name change (marriage license, marriage certificate, or court judgment; a driver's license or social security card will not be accepted as proof of a legal name change.)
    - If your birth certificate is in a foreign language, you must also attach a translated copy of the document.
    - If you do not have access to your birth certificate, you may send one of the following alternate documents: copy of U.S. Naturalization Papers or copy of a valid passport.

PRE-LICENSURE HOURS (MINIMUM 1,500 HOURS):

- 1,000 hours credit (certified by College Dean) shall be awarded for successful completion of a professional experience curriculum at a board-approved college of pharmacy.

- At least 500 internship hours shall be earned in a permitted pharmacy site under the supervision of a pharmacist with no less than 2 years experience as a licensed pharmacist.

- Internship hours:
    - A candidate shall not work in a permitted site that is on probation with the Board or with a pharmacist who is on probation with the Board.
    - A candidate may receive Board credit for a maximum of 50 hours per week.
    - All practical experience hours earned in an internship must be recorded on a Preceptor's Affidavit and submitted to the Board for approval.
    - A separate Preceptor's Affidavit must be completed for each pharmacy site.
    - Internship hours earned **outside of Louisiana** must be certified to the Louisiana Board of Pharmacy by the board of pharmacy in the state where the hours were earned. Hours must also be recorded on a Louisiana Preceptor's Affidavit and submitted to this office for review.
    - Pre-licensure hours (internships and rotation hours) will expire one year after certification of graduation.

- Transferring hours earned in Louisiana to another state.
    - A written request and a fee of $10.00 per jurisdiction are required to transfer hours earned in Louisiana to another jurisdiction.
    - Hours will not be transferred until after graduation.

LOUISIANA PHARMACY LAWS AND REGULATIONS:

- Louisiana's pharmacy laws and regulations are available as follows:

    1) On the Board's web site at www.labp.com under the menu item "Laws & Regulations."

    2) Printed laws and regulations may be purchased at the Board office or through the mail for $40 payable to Louisiana Board of Pharmacy (check or money order). An order form for the law book can be found under the "Forms / Applications" menu on the Board's web site.

EXAMINATION:

- Exams required for licensure with Louisiana are: North American Pharmacist Licensure Exam (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) for Louisiana.

- Both exams are administered by the National Association of Boards of Pharmacy (NABP) through Pearson VUE testing centers.

- Candidates must register online at NABP's website, www.nabp.net. The entire NAPLEX/MPJE Registration Bulletin may also be found on NABP's website under the "Examinations" menu. The Registration Bulletin answers all questions regarding testing procedures, including testing fees. It should be read thoroughly.

- Candidates are not eligible to sit for either exam until the Board has received the following items:
    - Completed Application for Pharmacist License
    - $300 application fee
    - Copy of birth certificate
    - Certification of Graduation from an approved College of Pharmacy (or FPGEC Certificate for foreign graduates)

- Authorization to Test (ATT)
    - After the Board has processed your application for licensure and notified NABP, you will receive an Authorization to Test (ATT) from Pearson VUE.
    - The ATT is your authorization to contact a testing center and schedule an appointment to take the appropriate exam.

- Exam results will be mailed to the address provided on your application for pharmacist license. DO NOT CALL THE BOARD OFFICE FOR YOUR EXAM SCORE. Confidentiality rules prohibit verbal disclosure of exam scores.

North American Pharmacist Licensure Examination (NAPLEX):

- The Louisiana Board of Pharmacy does not accept score transfers on this exam from California.
- Scores may be transferred by NABP to multiple jurisdictions. Score transfer requests must be made through NABP before taking the exam. Please contact NABP for procedures and fees.
- After a failed attempt at this exam, the candidate must wait a minimum of 91 days from exam date before reexamination.
- To retake this exam, you must re-register and pay the required registration fee.
- After three (3) failed attempts at this exam, the candidate must wait a minimum of one year from the last exam date before the next exam.
- Exam results will expire one year after the date of the exam.

Multistate Pharmacy Jurisprudence Examination (MPJE) For Louisiana:

- After a failed attempt at this exam, the candidate must wait a minimum of 30 days from exam date before reexamination.
- To retake this exam, you must submit a new registration form and the required registration fee.
- After three (3) failed attempts at this exam, the candidate must wait a minimum of one year from the exam date before the next exam.
- Exam results will expire one year after the date of the exam.

OUT-OF-STATE COLLEGE OF PHARMACY GRADUATES:

- Graduates of an approved college of pharmacy located outside of Louisiana are subject to the same laws and regulations as graduates of a college of pharmacy located inside of Louisiana.

- Refer to the section above titled "Pre-Licensure Hours" for information regarding credit for pre-licensure hours.

- Graduates of a college of pharmacy located outside of Louisiana must have their college complete a Certification of Graduation form. This form must be mailed directly to the Board office by the college.

- A completed Certification of Graduation form must be received by the Board office, in addition to an application, fee, and the required attachments, before eligibility for exams will be granted.

- Students of pharmacy schools located outside of Louisiana may apply for an intern registration to earn pre-licensure hours in Louisiana.
    - NOTE: Out-of-state pharmacy students are not eligible to earn any hours in Louisiana until they possess a Pharmacy Intern Registration issued by the Board.
    - A registration will not be issued until the required criminal background check has been completed.
    - Once issued, the intern registration will expire one year after certification of graduation.
    - Visit www.labp.com to obtain the application for an intern registration.

CRIMINAL BACKGROUND CHECK:

- La R.S. 37:1216 requires the Board to conduct a criminal history check on applicants as a condition for eligibility for licensure.

- Upon receipt of your properly completed application, you will be provided with the materials needed to conduct a criminal record search with the Louisiana Department of Public Safety and the Federal Bureau of Investigation (FBI).

- Criminal history reports generated for or by another agency will not be accepted to satisfy this requirement.

- Your license will not be issued until the complete results of this record search have been received and reviewed, and all other pre-licensure requirements have been completed.

LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE (LOSFA):

- In the 1990 Regular Session, the Louisiana Legislature passed Act 689, which states in part: "No state licensing agency may issue or renew a professional license, registration, or certification to anyone who has a defaulted student loan."

- Any individual currently in default of a student loan cannot be licensed until arrangements for repayment of the defaulted loan have been made and the Louisiana Board of Pharmacy has received clearance from LOSFA to release the license.

- If you are currently in default of a student loan, you must contact LOSFA at 1-800-256-6882 to discuss repayment options.

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INSTRUCTIONS

1) Legibly print or type all information except your signature.
2) Attach a legible copy of your birth certificate, passport, or naturalization certificate.
3) Attach $300 application fee payable to Louisiana Board of Pharmacy, or LABP (check or money order).
4) For each name under which you are or have been known, attach a copy of the document that legally changed your name (marriage license, divorce papers, court judgment).
5) Graduates of a college of pharmacy outside of the United States (foreign graduates) must attach a copy of an FPGEC Certificate.
6) Submit this form and all required attachments to the above address; faxed applications are not accepted.

NOTE: This application shall expire one year after the date received in the Board office; at that time, this application shall be closed and all attached fees shall be forfeited.

SECTION 1 – PERSONAL INFORMATION

CURRENT LEGAL NAME (See notes at the end of this section)			
Full First Name:	**Full Middle Name:**	**Full Last Name:**	**Suffix (Jr, Sr, III, IV, etc.):**
List ALL Other Names By Which You Have Ever Been Known (Maiden, Married, etc.)			
Social Security Number:		**Date of Birth (MM/DD/YYYY):**	
Present Age:	**Place of Birth (City & State/Country):**	**Gender:**	**Ethnicity (La. R.S. 23:1871):**

NOTE:
The name entered on the first line of this section will be your **original licensure name**. Once licensed, your original licensure name will not be changed for **any reason**. Wall certificates, if purchased, will only be issued in your original licensure name. Subsequent name changes will be placed on annual license renewal documents

SECTION 2 – CONTACT INFORMATION

Mailing Address (Enter only one address. This should be the address where you receive your mail)**:**			
City:	**State:**	**Zip:**	**Parish of Residence:**
E-mail Address (Optional - Enter only one address)**:**			
Home Telephone, incl A/C:	**Work Telephone, incl A/C:**	**Other Telephone, incl A/C:**	

This space is for Louisiana Board of Pharmacy Use ONLY

Check/Money Order No.: _____

NAPLEX Result: _____ **MPJE Result :** _____ **Hours:** _____

Appv'd for License On: _____ **By:** _____

Certificate Number: _____ **Date Issued:** _____

Applicant Name: _____ Applicant Social Security # _____

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SECTION 3 – COLLEGE OF PHARMACY

Name of College of Pharmacy:		**Type of Degree Conferred:**
Location of College of Pharmacy:		**Date Degree Conferred:**
If you hold an FPGEC Certificate, enter the information requested at the right and attach a copy of your FPGEC Certificate.	**EE#:**	**Date FPGEC Certificate Issued:**

SECTION 4 – NAPLEX

Have you EVER taken the North American Pharmacist Licensure Examination (NAPLEX) in any jurisdiction?

	State:	Date of Examination:	Passed or Failed?		State:	Date of Examination:	Passed or Failed?
____ Yes							
____ No	Proceed to Section 5						

SECTION 5 – OTHER LICENSES / REGISTRATIONS

Have you EVER been licensed, registered, certified or otherwise approved to practice as a pharmacist or assist in the practice of pharmacy in any state or jurisdiction?

____ Yes	List each state or jurisdiction below. Attach additional pages, if necessary. Contact each state or jurisdiction and request that they provide the Louisiana Board of Pharmacy with a letter stating the current status of your credential with them. Letter must also include whether or not you have ever had disciplinary action taken against you. If your credential was issued by Louisiana, you do not need a letter – this information is already on file.
____ No	Proceed to Section 6

Credential Issued By:	Type of Credential:	Credential #:	Initial License Date:	Expiration Date:	Has there been disciplinary action against this license? _____ No _____ Yes
Credential Issued By:	Type of Credential:	Credential #:	Initial License Date:	Expiration Date:	Has there been disciplinary action against this license? _____ No _____ Yes

Applicant Name: _____ Applicant Social Security # _____

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SECTION 6 – IMPAIRMENTS and/or DRUG / ALCOHOL ADDICTIONS

Have you EVER habitually used or been diagnosed as addicted to drugs or alcohol?	**_____ No _____ Yes**
Have you EVER been diagnosed with or do you have any physical or mental impairment, which may affect your ability to practice safely as a pharmacist?	**_____ No _____ Yes**

If you answered "Yes" to ANY of the questions in Section 6, you must attach a letter of explanation.

SECTION 7 – CRIMINAL ACTIVITY / DISCIPLINARY ACTIONS

La R.S. 37:1216 requires the Board to conduct a criminal history check on applicants as a condition for eligibility for licensure. Upon receipt of your properly completed application, you will be provided with the materials needed to conduct a criminal record search with the Louisiana Department of Public Safety and the Federal Bureau of Investigation (FBI). Criminal history reports generated for or by another agency will not be accepted to satisfy this requirement.

YOUR CREDENTIAL WILL NOT BE ISSUED UNTIL THE RESULTS OF THIS RECORD SEARCH HAVE BEEN RECEIVED.

NOTE: Failure to disclose criminal history may result in the denial of your application, EVEN IF THE RECORDS HAVE BEEN EXPUNGED.

Have you EVER been arrested in any state?	**_____ No _____ Yes**
Have you EVER had any disciplinary or adverse action (including arrests, citations, or summons) taken against you by any other government agency, law enforcement agency, or court in any state?	**_____ No _____ Yes**
Are you currently charged with the commission of a felony in any state?	**_____ No _____ Yes**
Have you EVER been convicted of a felony in any state?	**_____ No _____ Yes**

If you answered "Yes" to ANY of the questions in Section 8, you must attach the following:

1) A letter of explanation AND

2) A CERTIFIED COPY of the court judgment in the case for EACH incident. If charges were dismissed, provide a letter from the appropriate agency confirming dismissal of the charges.

Applicant Name: _____ Applicant Social Security # _____

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SECTION 8 – PHOTOGRAPH IDENTIFICATION

- **Staple a RECENT passport size (2 inch x 2 inch) fade-proof photograph in the block at the right using one staple at the top and one at the bottom of the photo. Do not use glue or tape.**
- **Photograph must show a CLEAR likeness of the applicant's head and shoulders.**
- **Photograph should include the applicant only.**
- **Photographs reproduced on a black and white copy machine are not acceptable.**
- **Do not submit a photograph that is on an identification card or has been cut from an identification card.**

Date of Photograph: _____, 20_____.

Staple one recent passport size (2"x2") fade-proof photograph in this block using the guidelines at the left.

SECTION 9 – AFFIDAVIT

STOP! This section may only be completed in the presence of a Notary Public.

I, _____, being duly sworn, attest to the following statements:
(Print Applicant's Name)

- **I hereby apply for a Pharmacist License by Examination to engage in the practice of pharmacy in the state of Louisiana under the provision of La R.S. 37:1202.**
- **I am the person referred to in this application and that the photograph attached in Section 8 is a true likeness of me.**
- **I understand that my application is only valid for one year.**
- **Statements herein contained are true and correct in every respect.**
- **I further understand that falsification of any information contained on this application and/or any attachments may result in the denial of my application.**
- **I have read and understand this affidavit.**

Sworn before me this _____ day of _____, 20_____

_____
Signature of Applicant

_____
Signature of Notary Public

County or Parish: _____

(SEAL)
Imprint This
Sheet Only

State of: _____

Commission Expires: _____

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Certification of Graduation From an ACPE-Accredited College of Pharmacy Located Outside of Louisiana

Instructions for Dean's Office:

1) Do not complete this form until **after** a pharmacy degree has been conferred to this student.
2) Type or print information requested, except signature.
3) Place the school's seal where noted.
4) Sign and date below.
5) **Mail completed form directly to the Louisiana Board of Pharmacy at the address above**.

College of Pharmacy: _____

Student Name: _____ Social Security Number: _____

Date Student Entered Professional Program: _____

Type of Degree Conferred: _____ Date Degree Conferred: _____

I hereby certify that:

1) The student named was in regular attendance at this college of pharmacy
2) The student named has satisfactorily completed all requirements for a pharmacy degree from this college
3) The information entered on this form is true and correct to the best of my knowledge.

_____
Original Signature of Authorized
College of Pharmacy Representative

(School Seal)

_____
Date