



Arizona State Board of Pharmacy

Petition to retake NAPLEX / MPJE

Date: _____

Name: _____ DOB: _____

Are you an: Intern (license # _____) Reciprocity applicant

Previous scores: 1. _____ 2. _____ 3. _____

What is your action-plan to take the exam the 4th time (attach additional documents if needed):

-----For Office use Only-----

Reviewed by: _____

Approved Follow up Board appearance