ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749
www.azpharmacy.gov

Application Received:	
Administrative Review:	
Substantive Review:	
Completeness Notice:	
NABP Registration:	
MTT for MPJE:	

FOR AGENCY USE ONLY

ASBP Approval:		License No.:		Fee:		Receipt No.:	
Effective Date:		Certificate Mailed:		Check No.:		Check Date:	
Fee From:		Fee To:					

Application for Pharmacist Licensure by Score Transfer or Full Exam from an Accreditation Council for Pharmacy Education Approved College of Pharmacy

INSTRUCTIONS

NOTE: This application is not for use by Reciprocity applicants

Requirements
This application will require:

1. an official final transcript showing the date of graduation and the degree conferred.
Note: this document cannot be faxed or emailed

2. a minimum of 1500 intern hours validated by your school or State Board.
Note: this document cannot be faxed or emailed

The following documents can be faxed or emailed to the Board

3. a character voucher signed by any pharmacist you have worked with.
This document can be found on the Forms page of the Board's website in the "Other Forms" section

4. a photo copy of U.S. birth certificate or U.S. passport or Permanent resident (green) card.
Note: Foreign students who are attending a U.S. university on an F-1 (student visa) must submit a copy of your approved I-20, pages 1 & 3 showing your OPT approval.

5. a photo copy of a state or federal issued photo ID, such as a driver's license.

Fees
Application fees are $50.00, payable by check or money order only, and must be included with this application.

NOTE: Paper applications will require additional processing time.
An online application is available on the Board's website at www.azpharmacy.gov

APPLICABLE RULES AND STATUTES

Please familiarize yourself with the Rule(s) and/or Statute(s) listed below for more details about your pharmacist licensure.

Rules	Statutes
R4-23-201, 202, 203, 204, 205	A.R.S. § 32-1922, 1924, 1925, 1926, 1927
R4-23-401, 402	

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), Title 8, U.S.C §1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant's, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

CITIZENSHIP OR NATURAL STATUS DECLARATION

Are you a U.S. Citizen or a legal resident with permission to work within the United States?

◯ **Yes** ◯ **No**

Indicate place of birth

City

County

State

Country

ALIEN STATUS DECLARATION

If you answered "No" to the citizen or national question above, please indicate your alien status by checking the appropriate box below:

Qualified Alien Status

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who has, or whose child or child's parent has, been declared a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status

- ☐ 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Nonimmigrant's are persons who have temporary status for a specific purpose.

If you checked Item 9, answer the following:

Do you have a nonimmigrant visa for entry that is related to employment in the United States for which you are applying for a license?

○ **Yes** ○ **No**

- ☐ 10. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

If none of the above, please contact the Board prior to submitting your application

APPLICANT CONTACT INFORMATION - PLEASE PRINT CLEARLY

First Name

Middle Name

Last Name

Suffix

Street Address

City

County

State

Zip Code 99999 or 99999-9999

Foreign Postal Code

Phone

Email name@domain.com

ALTERNATE MAILING ADDRESS

☐ **Check if mailing address is the same as above address. If not, please enter it here.**

Street Address

City

County

State

Zip Code 99999 or 99999-9999

Foreign Postal Code

IDENTIFICATION INFORMATION

Date of Birth

Gender

◯ **Male** ◯ **Female**

Social Security Number **(Pursuant to A.R.S. § 25-320 this is mandatory)**

Have you ever been known by any other name?
If yes, enter here

NAPLEX EXAMINATIONS

Please enter your NAPLEX information below, if you have taken and passed the NAPLEX examination (from any state).

State

Exam Date

Passed

◯ **Yes** ◯ **No**

Exam Score

License Number

In good standing?

◯ **Yes** ◯ **No**

NAME AND LOCATION OF COLLEGE ATTENDED

Information in this section shall be verifiable through State boards or Preceptors. Do not include prepharmacy training.
Please attach additional pages if more space is required.

Name and Location of College

Attended From

Attended To

GRADUATION INFORMATION

IMPORTANT: Transcript of College Record and Certificate of Graduation must be submitted to Board Office by College of Pharmacy. See Instructions for details.

I received a pharmacy degree from

On this Date

Degree:

BS **Pharm. D.**

INTERN LICENSURE

Do you have an Arizona State Intern license?

Yes **No**

Certificate Number

Date Issued

In good standing now?

Yes **No**

Do you have an intern license in another state?

Yes **No**

State

Certificate Number

Date Issued

Yes **No**

RECORD OF CHARGES

Have you ever been charged with or convicted of a misdemeanor, felony or other violations or moral turpitude? Has your pharmacist license ever been revoked, disciplined or cited? Are there any pending charges against you personally or your license at this time? If so, please explain below, and attach any applicable court documents that help define these charges, convictions or fines. Please attach additional pages if more space is required.

CHARGE, CONVICTION OR FINE

Month

Year

Felony

Misdemeanor

City

County

State

Explanation

ATTESTATION

I declare under penalty of perjury under the laws of the state of Arizona that the above information I have provided is true and correct to the best of my knowledge.

Signature

Date