

PHARMACY INFORMATION SHEET

FEES: The fees for the examination should be submitted as follows:

NOTE: **Submit all fees preferable in the form of a cashier's check, money order or certified check.**

If you are taking the NAPLEX/MPJE and Georgia Practical Examinations, you will need to submit the **completed NAPLEX/MPJE applications and fee in the amount of \$600.00 payable to the National Association of Boards of Pharmacy mail DIRECTLY to NABP, P.O. Box 1057, Park Ridge, IL 60068.** Also, submit your completed Georgia State Board of Pharmacy application and fee in the amount of \$175.00 in **two separate checks** one for \$125 and one for \$50, **both checks payable to the Georgia Board of Pharmacy** at the address listed at the bottom of this page. These fees represent a \$25 non-refundable application fee, \$100 examination fee, and \$50 non-refundable decorative wall certificate fee.

If you are having your **NAPLEX score transferred** to Georgia and are only taking the Georgia Practical examination, **submit the required \$175.00 fee in two separate checks** one for \$125 and one for \$50 (\$25 non-refundable application fee & \$100 examination fee \$50 non-refundable wall decorative wall certificate) and completed application to the Georgia State Board of Pharmacy. **You are now required to take the MPJE through the NABP. The MPJE application will be mailed to you upon request by the Georgia Board of Pharmacy.**

INTERNSHIP HOURS: All candidates for the examination must have **1500 hours** of approved internship on file with our office **TWO (2) WEEKS PRIOR to the examination date.** If your internship was worked in another state, you must contact that State Board of Pharmacy office and request that they certify your internship hours to Georgia. **The Board will accept up to 1000 school hours** for candidates who are enrolled in the **Doctor of Pharmacy program** and up to **480 school hours** for those enrolled in the **B.S. Pharmacy program.**

CANDIDATE'S REVIEW GUIDES: The National Association of Boards of Pharmacy has prepared **Candidate's Review Guides** for the NAPLEX/MPJE examinations. **These guides may be downloaded from the National Association of Boards of Pharmacy's Web site, www.nabp.net, at no charge.**

LICENSURE REQUIREMENTS: Candidates for licensure in the State of Georgia **must obtain passing scores** as follows: All examination applicants are required to make a minimum of **75 on the NAPLEX and MPJE examinations.** A score of less than **60 on any section of the Georgia Practical examination invalidates all the scores from that administration of the Georgia Practical examination.**

Current Georgia State Board of Pharmacy Laws & Rules and Candidate Information Bulletins are available at:
www.sos.state.ga.us/plb/pharmacy

Georgia State Board of Pharmacy
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-1640

DISABILITY- If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATIONS GUIDELINES.

VETERANS PREFERENCE POINTS- Veterans may be eligible for special benefits in testing. For more information, contact the Board office. **Submit copy of DD-214 with your application.**

APPLICATIONS ARE VALID FOR ONE (1) YEAR

Refund requests for examination fees must be received 30 days prior to the scheduled examination date

GEORGIA STATE BOARD OF PHARMACY
237 Coliseum Drive - Macon, Georgia 31217 - (478) 207-1640

Cathy Cox
Secretary of State

Mollie L. Fleeman
Division Director

Examination Dates

January 27, 2005 (Mercer)
June 1-2, 2005 (UGA)
August 25, 2005 (South University – Savannah)

Deadline for Receipt of Applications

December 12, 2004
April 25, 2005
July 21, 2005

The following items must be submitted to be considered for licensure: (To expedite the process, submit all items in one packet)

- Completed NAPLEX/MPJE applications with **\$600 fee** (cashier's check, money order or certified check only – no personal checks) **MAIL DIRECTLY TO THE NABP**
- Completed Georgia State Board application with **\$175 Total fee in two (2) separate checks**. One check for **\$125 and one for \$50 (\$25 non-refundable application fee, \$100 examination fee and \$50 non-refundable decorative wall certificate fee) payable to the Georgia Board of Pharmacy**
- Verification of graduation from College of Pharmacy
- **Return completed Georgia State Board application, \$175 fee and verification of graduation to the Georgia Board Office.**
- **If having NAPLEX score transferred** - submit \$175 to Georgia in **two (2) separate checks** one for **\$125 and one for \$50**. Also submit the completed MPJE registration along with \$170 directly to the NABP
- **If currently licensed in any state(s) request verification of licensure be sent directly to Georgia Board office.**

Scores Required – Candidates must score at least a minimum of 75 on the NAPLEX and the MPJE. A score of less than 60 on any section of the Georgia Practical exam invalidates all scores from that administration of the examination.

Foreign graduates must also submit a Foreign Pharmacy Graduation Examination Committee (FPGEC) certificate. Foreign graduate intern hours must be from a pharmacy in the US.

All candidates for the examination **must have 1500 hours** of approved internship on file in our office **TWO (2) Weeks prior to the examination date**. If your internship hours are from another state, you must contact the Board Office to request that your hours be certified.

Reciprocity Licensing Process (Note: no application deadline date applies)

- Access the NABP's website at **www.nabp.net**. Follow their instructions for their Preliminary Application.
- Access the NABP's website at **www.nabp.net**. NABP's NAPLEX/MPJE Registration Bulletin may be found here. Review or print it. It contains **ALL** information, including current fees for the Multistate Pharmacy Jurisprudence Examination (MPJE), which you must take and pass. For your convenience the current total fee is **\$470.00** (\$170.00 for the MPJE and \$300.00 for the preliminary application). This fee must be in the form of a cashier's check, money order, or certified check. You may download a MPJE Candidate's Review Guide at this site, at no charge.
- Contact the Georgia Board office for a Computerized Examination Registration Form for the MPJE, and mail the completed form **DIRECTLY** to the NABP with the required fee identified in the NAPLEX/MPJE Registration Bulletin. This form is required for you to take the MPJE.
- The Georgia Board of Pharmacy **does not** reciprocate with the States of California and Florida.
- Submit your official Georgia application with the required **\$75 non-refundable application fee** (preferable in the form of a money order, cashier's check, or certified check). **In two separate checks 1 @ \$25 and 1 @ \$50**.

NOTE: Your application is valid with Georgia for a period of one (1) year. The result of your MPJE is valid with Georgia for a period of two (2) years.

The Georgia State Board of Pharmacy does not issue Temporary Licenses

6. Date of Birth: _____ Place of Birth _____ 7. Gender: ___M___ ___F___
8. Race: _____ 9. Ethnicity: ___(Hispanic or Latino)___ ___(Not Hispanic or Latino)___
10. Social Security Number*: _____ - _____ - _____

***This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.**

Part II: Professional Education

11. Highest Degree Earned: ___Doctorate___ ___Master's___ ___Bachelor's___ ___Diploma/Certificate___
12. Name/Address of Entry Level Professional Institution(e.g. technical school, undergraduate college/university): _____
- a. Dates Attended: _____ c. Graduation Date: _____
- b. Major: _____ d. Degree(s) Earned: _____
13. Name/Address of Graduate School/University: _____
- a. Dates Attended: _____ c. Graduation Date: _____
- b. Major: _____ d. Degree(s) Earned: _____
14. Name/Address of Post-Graduate School/Hospital (if applicable): _____
- a. Type of Training: _____ b. Dates Attended: _____
15. Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are **not** minor violations.) ___ Yes ___ No **If yes, please attach an explanation and request official documents be sent to Board office.**
16. Have you ever had any restrictions as a Medicaid or Medicare provider? ___ Yes ___ No **If yes, please attach an explanation.**
17. Have you ever had revoked or suspended or otherwise sanctioned any license issued by any Board or Agency in Georgia or in any other State? ___ Yes ___ No **If yes, please attach an explanation.**
18. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal or a license by any Board or Agency in Georgia or any other State? ___ Yes ___ No **If yes, please attach an explanation.**
19. Have you taken a previous examination given by the Georgia State Board of Pharmacy? ___ Yes ___ No **If yes, give number of times and dates.**

List all states in which you now hold or have ever held a pharmacist license: _____

and has licensing board(s) submit verification of licensure directly to the Georgia Board office.

20. Have you ever failed or been refused an examination by any State Board of Pharmacy? ___ Yes ___ No **If yes, give details.** _____

21. **COLLEGE TRAINING COMPLETE** – (Prior to entering Pharmacy College)

Name and location of College attended

Period of attendance. Show exact dates.

First Year _____

_____ month day year - month day year

Second Year _____

_____ month day year - month day year

Third Year _____

_____ month day year - month day year

Fourth Year _____

_____ month day year - month day year

Fifth Year _____

_____ month day year - month day year

22. **PHARMACY COLLEGE TRAINING COMPLETED**

Name and location of College Attended.

Exact Date of your Attendance.

First year _____

_____ month day year - month day year

Second year _____

_____ month day year - month day year

Third year _____

_____ month day year - month day year

Fourth year _____

_____ month day year - month day year

Fifth year _____

_____ month day year - month day year

I was granted a diploma by _____ located at _____

on the _____ day of _____, 20_____

23. **AFFIDAVIT OF APPLICANT**

County of _____

(Signature) Full Name of Applicant

State of _____

(Applicant's Name)

of _____

(City and State)

being duly sworn, says that he/she is the person who executed the above application for a certificate to practice pharmacy in the State of Georgia; and that all the statements herein contained are true in every respect.

Sworn to and subscribed before me this _____ day of _____ 20_____

My Commission Expires _____

(seal)

(Notary Public)

24. Are you applying on the basis of a NAPLEX score transfer? () Yes () No
If yes, have you taken the NAPLEX? () Yes Approximate Date of NAPLEX Exam _____ () No

25. **PHOTOGRAPH**
(passport size)

I certify that the above photograph is a true likeness of me and that it was taken within _____ days of the date this application was signed.

Signed _____

26. **CERTIFICATE OF PHARMACY EDUCATION**

It is hereby certified that _____

of _____

matriculated in _____ at _____

on _____ and attended _____ course or lectures

_____ months each, and received a diploma from _____

conferring a degree in Pharmacy (date) _____

(President, Secretary of Dean)

(Seal of College)

Date _____

PLEASE MAIL THIS FORM TO:

Georgia State Board of Pharmacy
237 Coliseum Drive
Macon, Georgia 31217-3858

Revised 02/24/2004