

Applicant's Name: _____

9901/001 Application	\$ 40
9901/006 Regulatory fee	\$ 10



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER
NASHVILLE, TENNESSEE 37243
PHONE: (615) 741-2718 FAX: (615) 741-2722
<http://health.state.tn.us/boards/pharmacy/>

APPLICATION FOR PHARMACIST EXAMINATION

Prior to being admitted to the NAPLEX® examination, applicants for licensure as a pharmacist must meet all preliminary requirements. All required documentation must be filed with the Board in accordance with the rules and regulations.

Applicants must be at least 21 years of age, and be a graduate of an accredited college of pharmacy. The Tennessee Board of Pharmacy interprets the term “graduated” to mean that the student has completed the actual graduation process and has received a diploma.

Applicants must submit affidavits attesting to internship hours acquired in Tennessee with the application. Internship hours acquired in states other than Tennessee must be certified by the respective state board of pharmacy. A minimum of 1,500 (fifteen hundred) internship hours are required for licensure. If otherwise qualified, applicants may be allowed to take the examination without the required internship hours, however, hours must be completed before a license can be issued.

MAIL COMPLETED APPLICATION WITH APPROPRIATE FEE AND INFORMATION TO ADDRESS ABOVE.

Checks/Money Order should be payable to Tennessee Board of Pharmacy. If you have a new address, please submit as soon as possible to the Pharmacy Board Office by fax or Email. NAPLEX/MPJE® scores will be mailed directly to you. Test scores cannot be disclosed by phone.

INDICATE TYPE OF CANDIDATE

NAPLEX _____
SCORE TRANSFER _____
FOREIGN GRADUATE _____

Attach a recent
photograph to
this space

Name (First) (Middle) (Last)

Mailing Address

(City) (State) (Zip Code)

Place of Birth _____
(City) (State) (Email address)

Date of Birth _____
(Month) (Day) (Year) (Sex) (Social Security Number)

Home Phone No. () _____ Cell/Work Phone No.() _____

TENNESSEE REQUIRES 1500 INTERNSHIP HOURS FROM ALL CANDIDATES

INITIAL TENNESSEE CANDIDATES \$50.00 FEE

If applicable, contact the Pharmacy board in the state where the internship hours were obtained and request the hours be certified to Tennessee.

SCORE TRANSFER CANDIDATES \$300.00 FEE

If applicable, contact the Pharmacy board in the state where the internship hours were obtained and request the hours be certified to Tennessee.

FOREIGN GRADUATES \$50.00 FEE

If applicable, contact the Pharmacy board in the state where the internship hours were obtained and request that the hours be certified to Tennessee.

FOREIGN GRADUATES must complete at least 500 internship hours in Tennessee within period of six (6) consecutive months.

Submit a copy of FPGEC® certification with application.

VIOLATIONS

Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?

Yes No

If yes, please provide details of the conviction, such as date of conviction, and please provide any documentation showing the resolution of this case. _____

Has your pharmacy license, if licensed in another state, ever been suspended or revoked by the other state for disciplinary reasons?

Yes No

If yes, please provide explanation: _____

Are there **ANY** criminal charges pending against you in this state or any other state?

Yes No

If yes, please provide explanation: _____

I, _____, do solemnly swear and affirm that I have personally completed this form, and that the information in the foregoing paragraphs is true and correct to the best of my knowledge.

(Signature of Applicant)

Sworn to and subscribed before me this _____ day of _____ 20____.
(Month)

My Commission expires _____.

(Notary Public)

COLLEGE CERTIFICATION

College training completed **prior** to entering Pharmacy College: *(To be completed by student)*

Name and Location of College Attended

Period of Attendance

DEGREE *(To be completed by Pharmacy College)*

This is to certify that _____
was in regular attendance at the _____

FROM _____ TO _____
FROM _____ TO _____
FROM _____ TO _____
FROM _____ TO _____

A total of _____ months and a Certificate of Graduation with the degree of _____

Issued on _____ or is scheduled to be Issued on _____

(If scheduled to graduate at a future date, the college will be responsible for advising the Board if for any reason the student does not graduate.)

(School Seal)

(Signature of Authorized Representative)

(Name Printed)

(Title)

Are you a citizen of the United States?

Yes No

OTHER LICENSURE

Have you ever taken other state board examinations?

Yes No

Are you licensed in any other state?

Yes No

If **yes**, list dates and states where examinations were taken:

Do Not Write Below This Line (For Board Use Only)



LICENSE #	_____
DATE ISSUED	_____
DIRECTOR	_____

NAPLEX/MPJE: Cashier's Check /Money Order should be payable to National Association of Boards of Pharmacy.

NORTH AMERICAN PHARMACIST LICENSURE EXAMINATION

Examination Date _____	Grade _____
Examination Date _____	Grade _____
Examination Date _____	Grade _____

MULTI-STATE PHARMACY JURISPRUDENCE EXAMINATION

Examination Date _____	Grade _____
Examination Date _____	Grade _____
Examination Date _____	Grade _____

INTERNSHIP PROGRAM

STATE

NUMBER OF HOURS	_____	_____
	_____	_____
TOTAL HOURS	_____	_____

Tennessee does not License or Register Interns. This includes Foreign Graduates.

Internship

Pharmacy Intern means a person enrolled or a graduate of a ACPE accredited school or approved College of Pharmacy, under rules established by the Board, who is serving a period of time of practical experience under the supervision of a pharmacist as defined in the rules of the Board.

1. Prior to licensing by the Tennessee Board of Pharmacy, an applicant must show proof that he/she has acquired at least 1,500 (fifteen hundred) hours of internship after enrollment in a ACPE accredited College of Pharmacy; 1,100 (eleven hundred) of these hours may be acquired in pharmacy programs or demonstration projects structured by the College of Pharmacy. 400 (Four hundred) additional hours of practical experience must be acquired outside the confines of College of Pharmacy demonstration projects. Internship Affidavit forms will be kept in the Pharmacy Board file for a period of two years prior to receipt of NAPLEX Application.

- *Enrollment in a College of Pharmacy as interpreted by the Board of Pharmacy to mean after the actual date of the student's physical attendance at the school.*

2. Intern hours may be acquired in another state provided the internship is certified by the respective State Board. Intern hours are transferable from state to state as requested by the student. Intern hours must be certified by the Director of the State Board in the state where the hours of internship are earned.

3. In addition to the requirements (1) and (2), foreign pharmacy graduates shall complete five hundred (500) hours of pharmacy internship in Tennessee within a period of six (6) consecutive months prior to licensure. Those who have acquired their entire fifteen hundred (1500) hours in the State of Tennessee will not be required to obtain an additional five hundred (500) hours in Tennessee.

4. Only one intern may dispense under the direct supervision of a preceptor in any specific time period.

5. No specific amount of internship hours are required prior to taking the NAPLEX examination.