

INSTRUCTIONS

Complete the Iowa Board of **Pharmacy Application for Licensure by Examination** according to the directions and submit it, along with a fee of \$300, to the Iowa Board of Pharmacy, 400 SW 8th Street Suite E, Des Moines, Iowa 50309-4688. The fee includes \$200 for a license for the balance of the current license period.

Eligibility Requirements

- (1) Each applicant must furnish proof of graduation from a recognized college of pharmacy. A “College of Pharmacy Certification” form is enclosed. It is to be completed by the Dean of the College of Pharmacy.
- (2) Proof of 1500 hours of internship must be filed with the Iowa Board. If your internship was obtained in a state other than Iowa, you must submit certification from the board in the state in which you obtained the 1500 hours.
- (3) The Application for Licensure by Examination must be accompanied by one photo of a quality at least similar to a passport photograph taken within the last six months.

Registration for the North American Pharmacist Licensure Examination (NAPLEX™) and Multistate Pharmacy Jurisprudence Examination (MPJE™)

Apply online for the NAPLEX, MPJE, and NAPLEX Score Transfer on the Association’s Web site at www.nabp.net, using the Internet-based registration form and credit card payment fee process. Candidates who use this system will no longer be required to utilize the NAPLEX/MPJE Scantron registration forms. Paper-based registration forms will continue to be processed. The NAPLEX/MPJE Scantron registration form can be obtained by contacting becky.hall@iowa.gov. The paper-based form should be submitted to NABP, PO Box 1057, Park Ridge, IL 60068-7057, with a certified check or money order in the correct amount made payable to NABP. You can combine both fees on one certified check or money order.

NAPLEX/MPJE Registration Bulletin

The *NAPLEX/MPJE Registration Bulletin* is available in a PDF format on the National Association of Boards of Pharmacy’s Web site, www.nabp.net. A hard-copy version of the *Bulletin* is no longer published. The electronic *Bulletin*’s active links allow candidates to move quickly and easily to different sections throughout the document.

Application for Licensure Requirements

The licensure exam consists of two components: North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE). To be eligible for a license by examination, the candidate must pass both components within a period of one year beginning with the date the candidate passed an initial component.

Candidates who fail either component two times shall not be permitted to sit for that component again until the Board has approved the candidate’s written application. Those candidates are encouraged to obtain additional training prior to reapplication and retesting.

Foreign Pharmacy Graduates

Graduates from colleges of pharmacy in foreign countries must furnish a copy of a certificate obtained from the Foreign Pharmacy Graduate Equivalency Examination Program. (Foreign pharmacy graduates’ internship experience is considered by the Board on a case-by-case basis.)

For examination fee refunds see 657 Iowa Administrative Code 2.2(147) & 2.4(147).

State of Iowa
Board of Pharmacy

400 SW Eighth Street, Suite E * Des Moines, IA 50309-4688
Telephone: (515) 281-5944 * Facsimile: (515) 281-4609
<http://www.state.ia.us/ibpe>

CERTIFICATION OF PHARMACY EDUCATION

As part of the pharmacist license application process, the Iowa Board of Pharmacy requires that this form be completed by the School at which the applicant received his/her pharmacy education. The applicant is to complete the top portion of the form only. The completed form must be mailed directly from the pharmacy school to the IOWA BOARD OF PHARMACY. Any processing fees charged by the school or college are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name _____ SS# _____
Signature _____ Date _____

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IT IS HEREBY CERTIFIED THAT: _____
(Name of Applicant)

RECEIVED PHARMACY EDUCATION AT: _____
(Name of School)

LOCATED AT: _____
(City, State)

FROM: _____ TO: _____
(month, year) (month, year)

And was granted a Diploma with the Degree of _____

Diploma Received: _____
(month, date, year)

Any derogatory information on file? Yes* _____ No _____

President, Dean, Secretary or Registrar

**School
Seal**

Print Name _____
Signature _____
Title _____
Phone No. _____
Date _____

*Please attach letter of explanation