

**IOWA BOARD OF PHARMACY
APPLICATION
REEXAMINATION FOR PHARMACIST LICENSURE**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

EXAMINATION(S) REQUESTED: ___ NAPLEX ___ MPJE

REASON FOR EXAMINATION: ___ REEXAM ___ BOARD ORDER

 ___ REINSTATEMENT ___ OTHER (explain) _____

HAVE YOU PREVIOUSLY TAKEN THE EXAMINATION FOR WHICH YOU ARE
APPLYING? ___ YES ___ NO

IF YOU RESPONDED YES, PLEASE INDICATE DATE(S) OF PREVIOUS
EXAMINATION(S): _____

INSTRUCTIONS

NAPLEX®: Complete this application and submit it to the Iowa Board of Pharmacy, 400 SW Eighth St., Suite E, Des Moines, Iowa 50309-4688, with a fee of \$40 made payable to the Iowa Board of Pharmacy. Complete the Internet-based NAPLEX® | MPJE® registration form and credit card payment fee process, which can be found at www.nabp.net.

MPJE®: Complete this application and submit it to the Iowa Board of Pharmacy, 400 SW Eighth St., Suite E, Des Moines, Iowa 50309-4688, with a fee of \$40 made payable to the Iowa Board of Pharmacy. Complete the Internet-based NAPLEX® | MPJE® registration form and credit card payment fee process, which can be found at www.nabp.net.

You may still complete the paper-based NAPLEX® | MPJE® Scantron registration form and submit to NABP, PO Box 1057, Park Ridge, IL 60068-7057, with a certified check or money order in the required amount made payable to NABP. Please contact becky.hall@iowa.gov to request this form.

400 SW Eighth Street, Suite E * Des Moines, IA 50309-4688 * 515.281.5944
<http://www.state.ia.us/ibpe>