

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

PROCEDURE FOR LICENSURE BY SCORE TRANSFER

Your NAPLEX score from the recent examination has been/will be transferred to Iowa by the National Association of Boards of Pharmacy (NABP). To become licensed in Iowa, please follow these procedures:

The enclosed application for Licensure by Examination (Score Transfer) must be completed and returned with a fee of \$300. The fee includes the cost of a license for the balance of the current license period. The application must be accompanied by one photo of a quality at least similar to a passport photograph taken within the last six months.

Each applicant must furnish a certificate from a recognized college of pharmacy stating that he or she has successfully graduated from a college of pharmacy. That form is also enclosed. Graduates from colleges of pharmacy in foreign countries must furnish a copy of a certificate obtained from the Foreign Pharmacy Graduate Examination Commission which states that they have successfully passed the Foreign Pharmacy Graduate Equivalency Examination (FPGEE), the Test of English as a Foreign Language (TOEFL), and the Test of Spoken English (TSE).

Licensure Requirements:

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

Internship Requirement:

Iowa law requires 1500 hours of internship. An out-of-state candidate must provide certification from the board of pharmacy in the state in which intern hours were filed.

If your internship was obtained in a state which does not require the registration of interns, or does not have an internship requirement for licensure, contact this office for specific information on how to file your internship hours.

Registration for the Multistate Pharmacy Jurisprudence Examination:

To be eligible to take the MPJE you must have at least 1500 hours of internship on file with this Board. Apply online for the MPJE 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 paper-based Scantron registration form. The paper-based form can be obtained by contacting becky.hall@iowa.gov. 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.

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.)

Summary of items which you will need to submit:

- (1) Score Transfer Application and \$300 fee
- (2) College of Pharmacy Certificate or FPGEC Certificate
- (3) Passport quality photo taken within the last six months
- (4) MPJE Registration Form and \$200 fee (to be completed online at www.nabp.net)
- (5) Certification of intern hours

**IOWA BOARD OF PHARMACY
APPLICATION FOR LICENSURE BY EXAMINATION (SCORE TRANSFER)**

(All information must be completed by applicant – type or print only)

NAME: _____
Last First Middle Maiden

ADDRESS: Mail license and all board correspondence to: _____

Street City State Zip

Inscribe my wall license in the following manner: _____

Date of Birth: _____ SS # _____ Name _____

COLLEGE OF PHARMACY

COLLEGE: _____ ADDRESS: _____
Name City State

DEGREE RECEIVED:
B.S. in Pharmacy Date Received: _____ Pharm.D. Date Received _____

INTERNSHIP EXPERIENCE

List internship experience obtained. (Do not list experience obtained through college-based clinical programs.)

	Date From	Date To
PHARMACY: _____ CITY/STATE _____	_____	_____
PHARMACY: _____ CITY/STATE _____	_____	_____

Total hours of practical internship completed: _____

RECORD STATUS

Have you taken a pharmacist licensure examination before: Yes [] No []
If yes, when/where? _____

Are you currently licensed by examination in other states? Yes [] No []
If yes, which states? _____

Have you ever been convicted of or pleaded guilty to a misdemeanor or a felony? If yes, provide details separately. Yes [] No []

Have you ever been convicted of or pleaded guilty to a drug- or alcohol-related offense? If yes, provide details separately. Yes [] No []

OFFICE USE ONLY

(Do not fill in this section)

Receipt No. _____
Fee _____
Date _____
Intern Registration No. _____
Examination date _____

NOTARY PUBLIC

(Have completed form notarized)

Applicant's Signature

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

My commission expires _____
State of _____ County of _____

Examination fee of \$300 made payable to Iowa Board of Pharmacy must accompany application. Mail to: Iowa Board of Pharmacy, 400 SW 8th St., Suite E, Des Moines, IA 50309-4688.

A license to practice pharmacy shall be revoked or suspended if the licensee is found guilty of fraud in procuring the license.

Privacy Act Notice: Disclosure of your Social Security number on this registration application is required by 42 U.S.C. §666(a)(13) and Iowa Code §252J.8(1) and 261.126(1) (2007), and Iowa Code § 272D.8(1) (Supp. 2008). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18 (2007).

State of Iowa
Board of Pharmacy Examiners

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CERTIFICATION OF PHARMACY EDUCATION

As part of the pharmacist license application process, the Iowa Board of Pharmacy Examiners 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 EXAMINERS. 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 _____

* * * * *

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