

*** Submit this page with application ***

*****FOR OFFICE USE ONLY*****

- App. & Fee
- Copy of Driver's License/ID
- Copy of Out-of-State Pharmacist License
- Interstate Verification(s)
- Proof of Military Status (If Applicable)



*****FOR OFFICE USE ONLY*****

Receipt #

ID #

Issue Date

License #

State of Rhode Island
Center for Professional Licensing
Board of Pharmacy

Room 104
 3 Capitol Hill
 Providence, RI 02908-5097

Instructions and Application For
License To Practice Pharmacy By Reciprocity
Pharmacist

Yes **No** **Temporary 90-Day License**

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

Licensure Checklist

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$280.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.
- Copy of driver's license or state issued id
- Copy of Current out-of-state pharmacist license.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

Licensure Process

1. Apply with NABP (National Association of Boards of Pharmacy) at <https://nabp.pharmacy> to take the RI MPJE Multistate Pharmacy Jurisprudence Examination). Please check with NABP for the fee associated with taking this examination. **You must pass this exam before you can request Reciprocity/License Transfer through the NABP.**
2. Apply with NABP (National Association of Boards of Pharmacy) at <https://nabp.pharmacy> for your information to be sent to Rhode Island for your license application by reciprocity.

Licensure Information

If you request - a 90 day Temporary Pharmacist license will be granted while you wait for the passage of the RI MPJE and Reciprocity/License Transfer from the NABP.

Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application. The license expires annually on June 30th. Licenses issued prior to April 21st will be required to renew by June of the same year. You may not practice until your license is issued.

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information.

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

Mail this application to:

Rhode Island Department of Health
Center for Professional Licensing
Board of Pharmacy
3 Capitol Hill, Room 104
Providence, RI 02908

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island Board of Pharmacy

Application for License to Practice Pharmacy by Reciprocity

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

- -

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

Male Female

4. Date of Birth

Month Day Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

 -

City State Zip Code

Country, if NOT U.S. Postal Code, if NOT U.S.

-

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

 -

City State Zip Code

Country, if NOT U.S. Postal Code, if NOT U.S.

- -

Business Phone Extension Business Fax

7. Preferred Mailing Address

Please check ONE

- Please use my Home Address as my preferred mailing address
Please use my Business Address as my preferred mailing address

8. Qualifying Education

Please list the name and information about the college or university that you last attended.

Form for entering school information: Type of School, Name of School, Date Graduated (State, Month, Day, Year), Degree Received.

9. Other State Licenses

List all states in which you are now, or ever have been licensed as a pharmacist or have applied for licensure

Form for listing other state licenses with checkboxes for Active/Inactive and State labels.

DOCUMENTATION: You must send an Interstate Verification Form to at least one state listed for an active license above (form on page 8).

10. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 x 11 sheet of paper.

Form for criminal convictions with question: Have you ever been convicted... and a table for Abbreviation of State and Conviction with Month/Year columns.

11. Disciplinary Questions

Check either Yes or No for each question.

NOTE: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter.

- 1. Have you ever had any disciplinary action(s) taken...
2. Have you ever had a membership in a professional society revoked...
3. Are there any charges or investigations pending...
4. Have you ever failed to pass an examination for licensure as a pharmacist?

Note: If you answered "yes" to any of these questions you must explain below or, if needed, on a separate sheet of paper.

Blank lines for providing explanations for "yes" answers to disciplinary questions.

12. e-Profile ID

Please provide the e-Profile ID that is provided by the NABP.

Grid for e-Profile ID input

e-Profile ID

Please visit the NABP website at https://nabp.pharmacy in order to get information on how to obtain this ID.

13. Affidavit of Applicant

Complete this section and sign .

Make sure that you have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Rhode Island Board of Pharmacy any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as Pharmacy Technician in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Pharmacy of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant _____

Date of Signature (MM/DD/YY) _____



Rhode Island Board of Pharmacy

Room 104, Three Capitol Hill
 Providence, RI 02908-5097
 (401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATES OF LICENSURE

I am applying for a license to practice as a registered pharmacist in the State of Rhode Island. The Rhode Island Board of Pharmacy requires that the following form be completed by the jurisdiction in which I obtained a license. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Pharmacy at the above address.

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth _____

License Number _____ Date Issued _____

THIS SECTION TO BE COMPLETED BY THE PHARMACY BOARD

License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:
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Reason for Inactive Status:

- Questions:**
1. Has this licensed technician ever been investigated by your Board? Yes No
 2. Has this licensed technician incurred any disciplinary proceedings in your state, or is any action pending? Yes No
 3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
 4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature _____	Date _____	<div style="border: 1px dashed black; padding: 10px; width: fit-content; margin: auto;"> Please Affix Board Seal Here </div>
Type or Print Name _____		
Title _____		
Full Name of Licensing Board _____		

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: _____

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.