

**WEST VIRGINIA BOARD OF PHARMACY**

**2310 KANAWHA BLVD., EAST**

**CHARLESTON, WV 25311**

**APPLICATION FOR EXAMINATION FOR PHARMACIST'S LICENSE**

ENCLOSE RECENT BUST PHOTO WITH APPLICATION

Check Applicable	
Examination (\$130)	_____
Score Transfer (\$255)	_____
Foreign Pharmacists (\$255)	_____

Fees made payable to the West Virginia Board of Pharmacy by check or money order only. All fees must accompany the application.

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Social Security No. \_\_\_\_\_ Email Address \_\_\_\_\_

**2. CERTIFICATE OF GRADUATION IN PHARMACY EDUCATION**

**To be filled in and signed by the Secretary or Dean of the accredited School or College of Pharmacy of which the applicant is a graduate.**

This is to certify that \_\_\_\_\_ has met the requirements for \_\_\_\_\_  
the degree of \_\_\_\_\_ to be conferred on \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, Yr. \_\_\_\_\_,  
that \_\_\_\_\_ has received \_\_\_\_\_ experiential hours through the experiential  
education program of the School or College, and that \_\_\_\_\_ has  
previously attended regular courses of instruction as follows:

From the \_\_\_\_\_ day of \_\_\_\_\_, Yr. \_\_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, Yr. \_\_\_\_\_

From the \_\_\_\_\_ day of \_\_\_\_\_, Yr. \_\_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, Yr. \_\_\_\_\_

From the \_\_\_\_\_ day of \_\_\_\_\_, Yr. \_\_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, Yr. \_\_\_\_\_

From the \_\_\_\_\_ day of \_\_\_\_\_, Yr. \_\_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, Yr. \_\_\_\_\_

a total of \_\_\_\_\_ weeks. Name of School of Pharmacy \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Secretary or Dean

(Seal)

Is your college accredited by the American Council in Pharmaceutical Education? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. INTERN: Are you licensed as an intern in West Virginia: \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, License #: \_\_\_\_\_

If you are a GRADUATE OF A FOREIGN SCHOOL OF PHARMACY (NOT LOCATED IN THE U.S. OR ITS POSSESSIONS):

Name and Location of Foreign School of Pharmacy: \_\_\_\_\_

Location: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date and Score of Foreign Pharmacy Graduate Equivalency Exam (FPGEE)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Score: \_\_\_\_\_

**4. CERTIFICATE OF MORAL CHARACTER**

**This certificate of moral character must be furnished and signed by a person of good standing in the community in which he resides.**

To the West Virginia Board of Pharmacy: \_\_\_\_\_, 20\_\_\_\_

I, \_\_\_\_\_ of (City) \_\_\_\_\_ County of \_\_\_\_\_,

State of \_\_\_\_\_ being duly sworn, say upon oath, that \_\_\_\_\_,

the applicant herein named, has been personally known to me for \_\_\_\_\_ years; and that my acquaintance with \_\_\_\_\_ throughout that period has been sufficiently intimate to afford me

ample opportunity to become fully informed as to his or her moral character and habits; and that \_\_\_\_\_

is not addicted to the use of alcoholic liquors or controlled substances so as to render \_\_\_\_\_

unfit to practice pharmacy; and that \_\_\_\_\_ is of good moral character;

and that I recommend, so far as his or her character and habits are worthy to be licensed to practice pharmacy in West Virginia.

Signature \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to before me, by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_ State of \_\_\_\_\_

My Commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary

**5. INTERNSHIP**

In addition to any experiential hours Certified in Section 2, above, this is to certify that I have had \_\_\_\_\_ hours internship in a pharmacy under the supervision of registered pharmacists where physician's prescriptions are compounded and dispensed between the following dates:

All out-of-state internship must be certified by a letter from the appropriate Board of Pharmacy, or, if the Board does not provide such certificate by appropriate affidavits by the Pharmacist preceptor.

Name and address of employer	No. of months employed	From	To	Total Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**6. RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT**

Have you ever been convicted of, pled guilty to, or entered a nolo contendere/no contest plea to any misdemeanor or felony offense? (Note: this includes a DUI, Reckless Driving, and other jailable traffic offenses.

This does not include minor violations of traffic laws which are not punishable by jail or incarceration, or arrests or convictions that have been expunged by a court.) \_\_\_\_\_Yes \_\_\_\_\_No

**(If you are presently charged with or have been previously convicted of any such violation, explain in detail. If your permit, registration, or license has been suspended or revoked for other than non-payment of fees, explain fully. Attach all necessary explanations and sign.)**

I have not been convicted, fined disciplined or had any license, permit, or registration revoked for drug addiction, or violation of pharmacy, liquor or drug laws, nor am I presently charged with any such violations. I have not been convicted of any felony, nor am I presently charged with the commission of a felony. I hereby authorize the West Virginia Board of Pharmacy to obtain a certified criminal records check on myself.

Signed \_\_\_\_\_

**7. I include herewith sworn and certified statements from proper persons in support of my statements made in this application, one sworn certificate of moral character, and the required fee for examination to become a Registered Pharmacist.**

I \_\_\_\_\_, above named, being duly sworn, do say upon oath, that the statements made by me in this application for licensure and registration as a Pharmacist, by examination, are true and correct.

Applicant's Signature in full \_\_\_\_\_

Subscribed and sworn to before me, by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for County of \_\_\_\_\_ State of \_\_\_\_\_

My Commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary

Per Rule §§ 15-1-5, 15-1-6 and 15-1-29 Applicants must request a state and national electronic fingerprint-based criminal history record check through the West Virginia State Police process with the results being released to the Board. Please visit the L1 (WVSP's agent) website at [www.identogo.com](http://www.identogo.com) or contact L1 at 1-855-766-7746 to complete the background check. You are responsible for any fees and costs. Background checks must be completed prior to applying for licensure through the West Virginia Board of Pharmacy. If West Virginia is your home state, a 12 digit TCN number will be assigned to the applicant at completion of fingerprinting appointment. This 12 digit TCN number must be provided below to the West Virginia Board of Pharmacy as proof of completion. Background check results are valid for 12 months.

**IN-STATE APPLICANTS:** 12 Digit TCN number (REQUIRED) \_\_\_\_\_

**NONRESIDENT APPLICANTS:** Have you completed a state/federal fingerprint based background check in your home state with the results being released directly to the West Virginia Board of Pharmacy? \_\_\_Yes \_\_\_No Date\_\_\_\_\_

If your home state will not release state/federal results to WVBOP then you will be required to follow the hard card submission procedure through Identogo.

Have you submitted fingerprint hard cards to Identogo with the results to be released directly to the West Virginia Board of Pharmacy? \_\_\_Yes \_\_\_No Date\_\_\_\_\_

<b>For West Virginia Board of Pharmacy Use Only:</b>	
<b>Background Check</b>	___Yes; ___No
<b>Date Completed</b>	_____
<b>No History,</b>	___ Passed
<b>Prior History,</b>	___ To Be Reviewed
<b>Per Review,</b>	___Accept; ___Reject

If you have any questions regarding the West Virginia Board of Pharmacy application please contact the Board office at 304-558-0558. For any questions regarding the Identogo Background Check process, application, fees or payments please contact L1 at 1-855-766-7746.

If you have questions regarding the MPJE/NAPLEX and/or FPGEC contact the NABP at <https://nabp.pharmacy/> or 847-391-4406.

In order to be licensed in West Virginia, you will be required to pass the Multistate Pharmacy Jurisprudence Examination (MPJE) and the NAPLEX. You must obtain a grade of at least 75 on the MPJE and NAPLEX Examinations.

You will need to familiarize yourself with the specific Federal and State pharmacy laws and regulations as they apply in West Virginia. To get information regarding sitting for the MPJE, you will need to get on the NABP website at: <https://nabp.pharmacy/>

Applicants must submit their application to the WVBOP and register with NABP for NAPLEX/MPJE in order to be issued an authorization to test (ATT). You will need this ATT to schedule an appointment to take the NAPLEX/MPJE at a computer testing center.

Foreign Pharmacy Graduates must complete and supply the FPGEC. The FPGEC process and exams are provided through NABP.

Feel free to contact me with any questions you may have about the MPJE, Score Transfer. I can be reached at 304-558-0558 or at [Tina.R.Roberts@wv.gov](mailto:Tina.R.Roberts@wv.gov).