

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 251-3036

Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705

E-Mail: dsps@wisconsin.gov

Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD

REQUEST TO RETAKE NATIONAL BOARD EXAM

Fax completed form and required documents to 608-251-3036.

(Please allow 7 to 10 business days for processing.)

NOTE: If paying application fee, application **MUST** be faxed with this form.

CUSTOMER INFORMATION:

Name of Applicant:

Application ID Number:
(if applicable)

Profession(s):

Date of Birth

REQUIRED PAYMENT INFORMATION:

Mark the appropriate box(es) to indicate type of payment.

\$15.00 NAPLEX Exam \$65.00 MPJE Exam (\$45.00 Contract Exam Fee and \$20.00 DOA Exam Fee)

If you are submitting payment by check/money order, do not complete the information below this point.

Name of Card Holder:

Same as Customer listed above.

Email Address:

Daytime Phone Number:

Please Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

TOTAL AMOUNT TO CHARGE: \$

Cardholder's Address:

(street)

(city)

(state)

(zip code)

Credit Card Number:

Expiration Date:



3-digit
security
code



4-digit
security
code

Security Code: (please list)

For Receiving Purposes (40)

I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

Cardholder's Signature: (Print and Sign Form)

DSPS uses RightFax to ensure safe and secure transmission of your payment information.