Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935

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Madison, WI 53705E-Mail:dsps@wisconsin.govWebsite:http://dsps.wi.gov

PHARMACY EXAMINING BOARD

REQUEST TO RETAKE NATIONAL BOARD EXAM

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

CUSTOMER INFORMATION:

Name of Applicant:	
Application ID Number (if applicable):	
Profession(s):	
Date of Birth (mm/dd/yyyy):	//

REQUIRED PAYMENT INFORMATION:

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

S15.00 NAPLEX Exam S65.00 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.				
E-mail 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: (number/street)	(city)	(state) (zip code)		
Credit Card Number:		Expiration Date (mm/yyyy):		
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Andrew Server / 4.1 Yes, and server server / 4.1 Yes, and the server server server / 4.1 Yes, and the server server server / 4.1 Yes, and the server serve	code	st) For Receipting 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: (If unable to provide a digital signature, print and sign form)				