

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD

INFORMATION FOR COMPLETING PHARMACIST LICENSURE

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Original Licensure Exam Candidates:

- Application form (**Form #608**) and appropriate fee(s)
- Certificate of Professional Education (**Form #2512**)
- Proof of Internship completion (**1500 hours required**) (**Form #2533, Form #2535, or Form #2537**)
- FPGEC Certification (**For Foreign Graduate Applicants only**)
- Copy of Translated Diploma (**Foreign graduates only**)
- MPJE and NAPLEX registration fees. Register online at www.nabp.net
- MPJE and NAPLEX exam results
- Convictions and Pending Charges (**Form #2252**) (**if applicable**)
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

Original Licensure NAPLEX Score Transfer:

- Application form (**Form #608**) and appropriate fee(s)
- Certificate of Professional Education (**Form #2512**)
- Proof of Internship completion (**1500 hours required**) (**Form #2533, Form #2535, or Form #2537**)
- FPGEC Certification (**Foreign graduates only**)
- Copy of Translated Diploma (**Foreign graduates only**)
- MPJE registration and fees. Register online at www.nabp.net
- MPJE exam results
- NAPLEX transfer exam results
- Convictions and Pending Charges (**Form #2252**) (**if applicable**)
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

Persons Licensed in Another State (Wis. Stat. § 450.05):

- Application form (**Form #608**) and appropriate fee(s)
- Completed NABP Electronic Licensure Transfer Program (e-LTP) application, obtain at www.nabp.net.
- MPJE registration and fees. Register online at www.nabp.net.
- MPJE exam results
- Convictions and Pending Charges (**Form #2252**) (**if applicable**)
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

Foreign Graduates Applicants: Applicants must be certified by the FPGEC. Submit evidence of having obtained certification by the Foreign Pharmacy Graduate Examination Committee. Information on the FPGEC can be obtained from NABP, 1600 Feehanville Drive, Mount Prospect, IL 60056, (847) 391-4406, www.nabp.net.

Please Note: Per [Wis. Stat. § 450.03\(1\)\(g\)](#), a person who has applied for a license under [Wis. Stat. § 450.05](#) whose practice of pharmacy is limited to performing duties under the direct supervision of a person licensed as a pharmacist by the board and during the period before which the board takes final action on the person's application.

Application Status: You may also check the status of your application on our website: <http://dsps.wi.gov>. Select "Self-Service," then "Application Status."

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PHARMACIST LICENSURE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip code) <input type="text"/>		Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051 . The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional.			
ETHNICITY: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
SEX: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a pharmacist?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list your credential number: <input type="text"/>
E-mail Address <input type="text"/>			
School Name <input type="text"/>		School Address (street, city, state) <input type="text"/>	
Date Degree Granted <input type="text"/> / <input type="text"/> / <input type="text"/>		Degree <input type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

See Page 2 for a list of all Required Fees

For Receipting Use Only (40)

Wisconsin Department of Safety and Professional Services

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- Original Licensure Exam Applicants** (NAPLEX and MPJE)
 I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 3 for further information)
\$ 74.00 Initial Credential Fee
\$ 60.00 Exam Fee
~~\$ 20.00~~ DOA Exam Fee
\$154.00 Total Fee Attached
PLUS MPJE FEE/NAPLEX FEE Pay the fees directly to NABP. Register online at www.nabp.net.
- Original Licensure NAPLEX Score Transfer** (NAPLEX taken elsewhere and NAPLEX score is transferred to WI)
 I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 3 for further information)
\$ 74.00 Initial Credential Fee
\$ 45.00 Exam Fee
~~\$ 20.00~~ DOA Exam Fee
\$139.00 Total Fee Attached
PLUS MPJE FEE/NAPLEX FEE Pay the fees directly to NABP. Register online at www.nabp.net.
- Endorsement/Reciprocity Applicants** (persons licensed as a pharmacist in another state)
\$ 74.00 Initial Credential Fee
\$ 45.00 Exam Fee
~~\$ 20.00~~ DOA Exam Fee
\$ 139.00 Total Fee Attached
PLUS NABP Electronic Licensure Transfer Program(e-LTP) Fee Pay (e-LTP) fee directly to NABP.

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- MPJE registration and fees. Register online at www.nabp.net
- MPJE exam results
- Copy of Translated Diploma (Foreign graduates only)
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Convictions and Pending Charges (**Form #2252**) (if applicable)
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

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ARE YOU A VETERAN? If yes, please view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "Professions," then "Pharmacist."

Foreign Graduates: (Persons who have not graduated from a professional Bachelor of Science degree in pharmacy or Doctor of Pharmacy degree granting institution located in this or another state complete this section.)

Is your school of pharmacy a five (5) or six (6) year program? Yes No If no, list number of years:

FPGEC Exam Taken? Yes No

Certificate Issued: Yes No

Certificate Number:

Date Certificate Issued: / /

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S). (Include all active and inactive states.)

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REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

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ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination or national board examination? If yes, provide details below: (Original pass/fail scores required.) <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor, or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

7.	If yes to Question 5 above, did you apply for a predetermination of the conviction(s)? If yes, proceed to Question 8. If no, submit Convictions and Pending Charges Form (#2252) and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If yes to Question 7, did you receive a letter indicating the conviction(s) did not disqualify you from licensure? If yes, proceed to Question 9. If no, submit Convictions and Pending Charges Form (#2252) and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	If yes to Question 8, the letter indicating you were not disqualified from licensure, have you been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor, or other violation of federal, state, or local law charged pending against you in this state or any other? This includes ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges Form #2252 and supporting documentation for each conviction and pending charge since the date of the letter. If no, submit Convictions and Pending Charges Form #2252 without previously submitted documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have any suits or claims ever been filed against you as a result of professional services? If yes, Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a pharmacist" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate pharmaceutical judgments and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform pharmacy tasks such as dispensing and compounding of pharmaceuticals, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental, or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

13.	Do you have a medical condition, which in any way impairs or limits your ability to practice pharmacy with reasonable skill and safety? If no, you may skip Questions 14 and 15. If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes to Question 13, are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	If yes to Question 13, are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice pharmacy with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	If yes to Question 18, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: Date: / /

(Print and Sign Form)