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 #2536, or Form #2537)
- FPGEC Certification (For Foreign Internships only)
  Note: Certification must be obtained prior to performing a foreign graduate pharmacy internship.
- Copy of Translated Diploma (Foreign graduates only)
- Foreign Graduate Disclosure Internship (for Foreign Internships only)
  Note: Prior to performing duties as an intern or to receiving credit for hours in an internship in the practice of pharmacy, the supervising pharmacist shall be disclosed in the initial application and any change of a supervising pharmacist shall be disclosed to the Board prior to further performing duties constituting the practice of pharmacy as an intern.
- MPJE and NAPLEX registration fees. Register on-line 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 #2536, or Form #2537)
- FPGEC Certification (Foreign graduates only)
  Note: Certification must be obtained prior to performing a foreign graduate pharmacy internship.
- Copy of Translated Diploma (Foreign graduates only)
- Foreign Graduate Disclosure Internship (Form #2670) (Foreign Graduate only)
- MPJE registration and fees. Register on-line 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 (s. 450.05 candidates):

- Application form (Form #608) and appropriate fee(s)
- Completed NABPOfficial Report for transfer of Pharmaceutical Licensure, obtain at www.nabp.net
- MPJE registration and fees. Register on-line 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 Completing a Foreign Internship: 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: If you are currently licensed as a pharmacist in another state, you CANNOT practice pharmacy as an intern until you file an application for licensure in Wisconsin under Wis. State Stat. § 450.05. You could perform job duties as a pharmacy technician under Wis. Admin. Code § Phar 7.015 whether or not you file an application for licensure in Wisconsin under Wis. State Stat. § 450.05.

Application Status: You may also check the status of your application on our website: http://dsps.wi.gov. Look under “Application Status.”
### Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112  
**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** dsps@wisconsin.gov  
**Website:** http://dsps.wi.gov  

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**PHARMACY EXAMINING BOARD**

**PHARMACIST LICENSURE**

Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12 and 440.13).

### PLEASE TYPE OR PRINT IN INK

Your name, address, telephone and electronic address are available to the public. Check box to withhold this information from lists of 10 or more credential holders (Wis. Stat. § 440.14).

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Former / Maiden Name(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (street, city, state, zip)</th>
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<table>
<thead>
<tr>
<th>Mailing Address (if different)</th>
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<table>
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<tr>
<th>Daytime Telephone Number</th>
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<table>
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<tr>
<th>Date of Birth</th>
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<table>
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<tr>
<th>Social Security #</th>
</tr>
</thead>
</table>

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:**
  - White, not of Hispanic origin
  - American Indian or Alaskan
  - Hispanic
  - Black, not of Hispanic origin
  - Asian or Pacific Islander
  - Other

- **Sex:**
  - M
  - F

<table>
<thead>
<tr>
<th>Have you ever been licensed in Wisconsin as a pharmacist?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
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<table>
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<tr>
<th>School Name</th>
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<table>
<thead>
<tr>
<th>School Address (street, city, state)</th>
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<tr>
<th>Date Degree Granted</th>
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<table>
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<th>Degree</th>
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**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

For Receipting Use Only (40)

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See Page 2 for a list of all Required Fees

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#608 (Rev. 2/18)  
Ch. 450. Stats.  
Committed to Equal Opportunity in Employment and Licensing
**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

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<tr>
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**ORIGINAL LICENSURE NAPLEX SCORE TRANSFER**

- **Application (Form #608) and appropriate fee**
- **Certificate of Professional Education (Form #2512)**
- **Proof of Internship completion (1500 hours required) (Form #2533, Form #2536, or Form #2537)**
- **FPGEC Certification (Foreign graduates only)**
  - **Note:** Certification must be obtained prior to performing a foreign graduate pharmacy internship.
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  - **Prior to performing duties as an intern or to receiving credit for hours in an internship in the practice of pharmacy the supervising pharmacist shall be disclosed in the initial application and any change of a supervising pharmacist shall be disclosed to the board prior to further performing duties constituting the practice of pharmacy as an intern.**
- **NABP FEE/NAPLEX FEE**
  - **DOA Exam Fee**
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**Persons Licensed in Another State** (s. 450.05 candidates)
- Application (Form #608) and appropriate fee
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- MPJE registration and fees. Register on-line at www.nabp.net
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- Convictions and Pending Charges (Form #2252) (if applicable)
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ARE YOU A VETERAN? If yes, please view the Department website at [http://dsps.wi.gov](http://dsps.wi.gov) under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee?  

- Yes
- No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number: ________________________________

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.

If you qualify, are you requesting Temporary Spousal Reciprocal License?  

- Yes
- No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (Form #2982).

You may contact the DVA at 1-800-WisVets or [www.WISVETS.com](http://www.WISVETS.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at [http://dsps.wi.gov](http://dsps.wi.gov) and select the “Professional Credential Renewal Information”.

**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 completes this section.)

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

- FPGE 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)

__________________________  ____________________________  ____________________________  ____________________________  ____________________________  ____________________________
### Answer the Following Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <strong>If yes, give details on an attached sheet, including the name of the profession and the agency.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Have you ever failed to pass any state board examination, national board examination? <strong>If yes, provide details below:</strong> <em>(Original pass/fail cards required.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> 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? <strong>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Is disciplinary action pending against you in any jurisdiction? <strong>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> 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. <strong>If yes, submit Convictions and Pending Charges (Form #2252).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> Are you incarcerated, on probation, or on parole for any conviction? <strong>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> Have any suits or claims ever been filed against you as a result of professional services? <strong>If yes, Malpractice Suits or Claims (Form #2829).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong> Are you registered or licensed in any other profession(s)? <strong>If yes, state what profession(s) and in what state(s):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9.</strong> Have you ever been credentialed under any other name(s)? <strong>If yes, state name(s) credentialed under:</strong></td>
<td></td>
<td></td>
</tr>
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</table>

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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, mental retardation, 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.
**Wisconsin Department of Safety and Professional Services**

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<td>10. 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 11 and 12. <strong>If yes, please explain.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. If yes to question 10, 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? <strong>If yes, please explain.</strong></td>
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<td></td>
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<td>12. If yes to question 10, 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? <strong>If yes, please explain.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Does your use of chemical substance(s) in any way impair, or limit your ability to practice pharmacy with reasonable skill and safety? <strong>If yes, please explain.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? <strong>If yes, please explain.</strong></td>
<td></td>
<td></td>
</tr>
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<td>15. Are you currently engaged in the illegal use of controlled dangerous substances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. If yes to question 15, 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? <strong>If yes, please explain.</strong></td>
<td></td>
<td></td>
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**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](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’ve provided to the Department of Safety and Professional Services change.

Signature: __________________________ Date: __/__/___

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**Committed to Equal Opportunity in Employment and Licensing**  
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