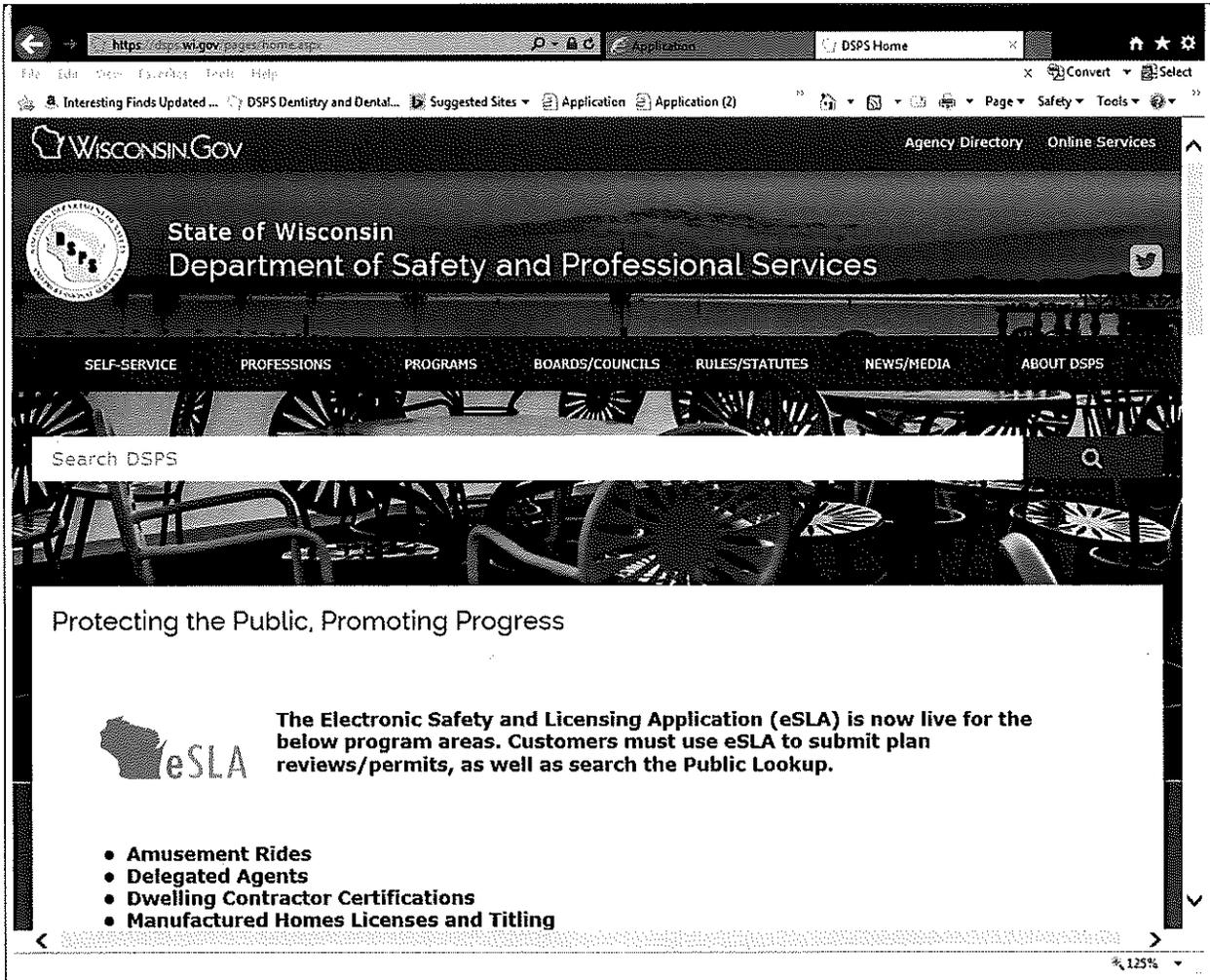


Pharmacy Ex. Board
9/25/19
Handout -
Credentialing
matters
OPEN

HOW APPLICANTS CAN SEE THE STATUS OF THEIR APPLICATION.

Once Applicant's application has been entered into our system, they are then sent an email to the email they listed on their application. If they do not provide an email, we mail them a copy of their checklist. Which will list the requirements met & not met.

Applicant would go to SELF-SERVICE



Then Applicant would go under Professions >>APPLICATION STATUS

Professions

Business & Health

- Application Status
- Business & Health Fax Payment Form
- License Verification (OLVS)
- Monthly License Counts
- Online Licensure Application (OLAS)
- PIN Look-Up
- Print License/Credential
- Profile Update *(change email, address, or name)*
- Renew License Online
- Wall Certificate Order Form

Construction/Building Trades

- Continuing Education
- Continuing Education Course Approval Application

125%

Applicant can then choose how to look up their status by 2 ways. Application # or By their Name (First & Last)

The screenshot shows a web browser window with the URL <https://online.dhs.wisconsin.gov/ApplicationStatus/CredentialApplicationStatus.asp>. The page title is "Wisconsin Department of Safety and Professional Services Health & Business Renewal Application".

Login

- [Application Status](#)
- [DSPS Home Page](#)
- [License Look-up](#)
- [Main Menu](#)
- [PIN Look-up](#)



Application Status Query

Instructions:
If you have recently applied for professional licensure or examination you may check the status of your application here.

* indicates required fields.

Search by application number:

Application Number:

Search by name:

Last Name:
First Name:
Profession:

Search by Organization:

Organization Name:
Profession:

Send Questions or Comments to dps@wisconsin.gov

125%

This is how it would look, once they click SEARCH.

Application	Application (2)	Free National	Wisconsin Criminal History
<p>Internship Information Completed if they do not have 2000 hours of practice within last 24 months: Expired between 5-10 years 160 intern hrs/years expired. Expired more than 10 yrs - 1000 Internship hours completed</p>	Met	5/13/2019 Rec'd MS 3/8/2019 Internship verifications must come directly to DSPS from the source: school, state board, etc	
<p>MPJE approval forwarded to NABP. Retake exams will have an additional waiting period per NABP. Please contact NABP for more information.</p>	Met	3/27/2019 Eligibility has been granted to you for testing. An ATT letter will be sent to you via e-mail or US post by Pearson VUE. If you do not receive the ATT, please contact Pearson VUE Customer Service at 1-888-709-2679. NOTE - If you are retaking the exam, you will only receive your ATT after the waiting period is over (30 days for MPJE, 45 days for NAPLEX). Test scores are reported to DSPS within 2 weeks after your test date and will take additional 7 to 10 business days to process. Please do not contact the department before the two week timeframe as this will cause delays in application processing. CL 3/8/2019 At this time, you may register and pay the appropriate fee to take the WI-MPJE at www.nabp.net. After you have registered, contact DSPSCredPharmacy@wi.gov to be approved to test. CL	
<p>MPJE Results (Results will be reported and mailed at least 2 weeks from the date of the exam)</p>	Met		
<p>NAPLEX approval forwarded to NABP. Retake exams will have an additional waiting period per NABP. Please contact</p>	Met	3/27/2019 Eligibility has been granted to you for testing. An ATT letter will be sent to you via e-mail or US post by Pearson VUE. If you do not receive the ATT, please contact Pearson VUE Customer Service at 1-888-709-2679. NOTE - If you are retaking the exam, you will only receive your ATT after the waiting period is over (30 days for MPJE, 45 days for NAPLEX). Test scores are reported to DSPS within 2 weeks after your test date and will take additional 7 to 10 business days to process. Please do not contact the department before the two week timeframe as this will cause delays in application processing. CL 3/8/2019 At this time, you may register and pay the appropriate fee to take NAPLEX at www.nabp.net. After you have registered, contact DSPSCredPharmacy@wi.gov to be approved to test. CL	

Application	Application (2)	Free National	Wisconsin Criminal History
<p>Intern hrs/years expired. Expired more than 10 yrs - 1000 Internship hours completed</p>			
<p>MPJE approval forwarded to NABP. Retake exams will have an additional waiting period per NABP. Please contact NABP for more information.</p>	Met	3/27/2019 Eligibility has been granted to you for testing. An ATT letter will be sent to you via e-mail or US post by Pearson VUE. If you do not receive the ATT, please contact Pearson VUE Customer Service at 1-888-709-2679. NOTE - If you are retaking the exam, you will only receive your ATT after the waiting period is over (30 days for MPJE, 45 days for NAPLEX). Test scores are reported to DSPS within 2 weeks after your test date and will take additional 7 to 10 business days to process. Please do not contact the department before the two week timeframe as this will cause delays in application processing. CL 3/8/2019 At this time, you may register and pay the appropriate fee to take the WI-MPJE at www.nabp.net. After you have registered, contact DSPSCredPharmacy@wi.gov to be approved to test. CL	
<p>MPJE Results (Results will be reported and mailed at least 2 weeks from the date of the exam)</p>	Met		
<p>NAPLEX approval forwarded to NABP. Retake exams will have an additional waiting period per NABP. Please contact NABP for more information.</p>	Met	3/27/2019 Eligibility has been granted to you for testing. An ATT letter will be sent to you via e-mail or US post by Pearson VUE. If you do not receive the ATT, please contact Pearson VUE Customer Service at 1-888-709-2679. NOTE - If you are retaking the exam, you will only receive your ATT after the waiting period is over (30 days for MPJE, 45 days for NAPLEX). Test scores are reported to DSPS within 2 weeks after your test date and will take additional 7 to 10 business days to process. Please do not contact the department before the two week timeframe as this will cause delays in application processing. CL 3/8/2019 At this time, you may register and pay the appropriate fee to take NAPLEX at www.nabp.net. After you have registered, contact DSPSCredPharmacy@wi.gov to be approved to test. CL	
<p>NAPLEX Results (Results will be reported and mailed at least two weeks from date of exam)</p>	Met		

A copy of the PAPER CHECKLIST

PAGE 1

Information requested is required for processing your application. This is not a license.

CHRISTINE A GARMOE

The following is a list of requirements that need to be met before licensure can be completed. You can check the current status of your application at any time by following this link to Application Status <http://online.drl.wi.gov/ApplicationStatus/CredentialApplicationStatus.aspx>. You can also navigate to Application status on our website : <http://dsps.wi.gov>, select Online Services, then Licensing/Credentialing, then Application Status. You may also call 608-266-2112 with questions.

NOTE: A category that is marked "Met" indicates that the necessary documents have been received to meet the requirements. The Department and/or the applicable Board/Section must conduct additional review of the application materials. After review of the application materials, a determination regarding licensure will be made. Licensure is not guaranteed.

PHARMACIST

DESCRIPTION	MET DATE	REQ	COMMENTS
Application Complete	03/08/2019	Met	
Application Fee	03/08/2019	Met	
Certificate of Professional Education	05/13/2019	Met	5/13/2019: Rec'd /KS ----- 3/8/2019: After graduation, your school must complete Form #2512 and mail it directly to "DSPS, PO Box 8935, Madison, WI 53708."
Internship Information Completed if they do not have 2000 hours of practice within last 24 months: Expired between 5-10 years 160 intern hrs/years expired. Expired more than 10 yrs - 1000 internship hours completed	05/13/2019	Met	5/13/2019: Rec'd /KS ----- 3/8/2019: Internship verifications must come directly to DSPS from the source: school, state board, etc.

The following is a list of requirements that need to be met before licensure can be completed. You can check the current status of your application at any time by following this link to Application Status <http://online.dri.wi.gov/ApplicationStatus/CredentialApplicationStatus.aspx>. You can also navigate to Application status on our website : <http://dpsos.wi.gov>, select Online Services, then Licensing/Credentialing, then Application Status. You may also call 608-266-2112 with questions.

NOTE: A category that is marked "Met" indicates that the necessary documents have been received to meet the requirements. The Department and/or the applicable Board/Section must conduct additional review of the application materials. After review of the application materials, a determination regarding licensure will be made. Licensure is not guaranteed.

PHARMACIST			
DESCRIPTION	MET DATE	REQ	COMMENTS
MPJE approval forwarded to NABP. Retake exams will have an additional waiting period per NABP. Please contact NABP for more information.	03/27/2019	Met	3/27/2019: Eligibility has been granted to you for testing. An ATT letter will be sent to you via e-mail or US post by Pearson VUE. If you do not receive the ATT, please contact Pearson VUE Customer Service at 1-888-709-2679. NOTE - If you are retaking the exam, you will only receive your ATT after the waiting period is over (30 days for MPJE, 45 days for NAPLEX). Test scores are reported to DSPS within 2 weeks after your test date and will take additional 7 to 10 business days to process. Please do not contact the department before the two week timeframe as this will cause delays in application processing. CL 3/8/2019: At this time, you may register and pay the appropriate fee to take the WI-MPJE at www.nabp.net . After you have registered, contact, DSPSCredPharmacy@WI.gov to be approved to test. CL
MPJE Results (Results will be reported and mailed at least 2 weeks from the date of the exam)	05/29/2019	Met	

The following is a list of requirements that need to be met before licensure can be completed. You can check the current status of your application at any time by following this link to Application Status <http://online.dri.wi.gov/ApplicationStatus/CredentialApplicationStatus.aspx>. You can also navigate to Application status on our website : <http://dps.wi.gov>, select Online Services, then Licensing/Credentialing, then Application Status. You may also call 608-266-2112 with questions.

NOTE: A category that is marked "Met" indicates that the necessary documents have been received to meet the requirements. The Department and/or the applicable Board/Section must conduct additional review of the application materials. After review of the application materials, a determination regarding licensure will be made. Licensure is not guaranteed.

PHARMACIST			
DESCRIPTION	MET DATE	REQ	COMMENTS
NAPLEX approval forwarded to NABP. Retake exams will have an additional waiting period per NABP. Please contact NABP for more information.	03/27/2019	Met	3/27/2019: Eligibility has been granted to you for testing. An ATT letter will be sent to you via e-mail or US post by Pears on VJE. If you do not receive the ATT, please contact Pearson VUE Customer Service at 1-888-709-2679. NOTE - If you are retaking the exam, you will only receive your ATT after the waiting period is over (30 days for MPJE, 45 days for NAPLEX). Test scores are reported to DSPS within 2 weeks after your test date and will take additional 7 to 10 business days to process. Please do not contact the department before the two week timeframe as this will cause delays in application processing. CL. 3/8/2019: At this time, you may register and pay the appropriate fee to take NAPLEX at www.nabp.net . After you have registered, contact: DSPSCredPharmacy@WI.gov to be approved to test. CL.
NAPLEX Results (Results will be reported and mailed at least two weeks from date of exam)	05/23/2019	Met	

PHARMACIST LICENSURE PROCESS-

EXAM APPLICANT

1. We enter in the application information into our system. Name, address, DOB, SS#, Address, phone #, and If listed, Ethnicity & Sex.
2. We then check our documents pending folder to see if there are items for the applicant. (Documents pending folder holds paperwork for applicants before they have applied/sent in their application.)
3. An exam applicant must have their CPE (Certificate of Professional Education) along with their Internship hours submitted on the correct internship form. Both forms must come directly from their school. CPE must indicate the degree, major and date the diploma was granted & must be signed & dated by the dean/ dept head. The internship form must have the number of hours earned, signed & dated. (required hours for WI is 1500) If these are complete, we can then mark the requirement met on the applicant's checklist.
4. Then we go to the NABP site to see if the applicant has registered & paid for the exams. (MPJE & NAPLEX for exam applicants). If their name is on there, we can then make them eligible to test for the exams. We then go and update their checklist to let them know that eligibility has been granted. At that point, Pearson Vue reaches out to the applicant by email/mail & giving them their ATT letter and then the applicant goes & picks their testing dates.
5. We then pull the applicant's scores from NABP once a week on Wednesdays. Once we pull them, we must authorize them, enter their score in, and then update their checklist accordingly. We send a copy of their results to them by email/ mail. We then update checklist. If they have met all requirements, they will then be issued a license.

What triggers involvement with the liaison?

- CIB (convictions/ pending charges)
- If coming in by endorsement and they do not have required 1500 hours.
- Any kind of Discipline
- Foreign graduate

BUSY TIMES OF THE YEAR ARE GRADUATION SEASON, APRIL-AUGUST.

We usually have a LTE for that period of time to help with workload.

AUTHORIZATION FOR MPJE/NAPLEX

Exam applicants; we only need their application to make them eligible to test for the exams. (NO THEY DO NOT NEED TO HAVE GRADUATED BEFORE WE AUTHORIZE THEM)

Endorsement applicants; we need their application, along with the NABP transfer application before we can make them eligible to test for the exam. (YES THEY DO NEED TO HAVE GRADUATED BEFORE WE AUTHORIZE THEM)

Foreign graduates; we need their application, CPE, translated diploma, FPGEC Certificate, form/s #2670. This is a disclosure form from the supervisor that will be supervising them while they earn their intern hours. Once we receive all this information they will then be approved to start earning their intern hours. Once they have earned all of the required 1500 hours, we can then make them eligible to test for the exams. (YES THEY DO NEED TO HAVE GRADUATED BEFORE WE AUTHORIZE THEM)

HOW MANY PHARMACIST APPLICATIONS DO WE PROCESS IN A YEAR?

In 2018 We licensed **489** pharmacists. **67** applications are currently still pending. (Application incomplete)

In 2019 to date, we licensed **447** pharmacists. **188** applications are currently still pending. (Application incomplete)

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>

PHARMACY EXAMINING BOARD

675239

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).

Last Name <u>Garmoe</u>		First Name <u>Christine</u>	MI <u>A.</u>	Former / Maiden Name(s)
Address (street, city, state, zip)			Daytime Telephone Number	
Mailing Address (if different)			Date of Birth	
Social Security #		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 checked="" type="checkbox"/> No If yes, list your credential number:	
Email Address				
School Name		School Address (street, city, state)		
<u>University of Wisconsin - Madison</u>		<u>777 Highland Ave. Madison, WI 53705</u>		
Date Degree Granted		Degree		
<u>05/12/2019</u>		<u>PharmD</u>		

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 Receiving Use Only (40)

RECEIVED
 JUN 11 2019
 10:00 AM
 608-266-2112

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)

\$ 75.00 Initial Credential Fee

\$ 60.00 Exam Fee

\$ 20.00 DOA Exam Fee

\$155.00 Total Fee Attached

PLUS MPJE FEE/NAPLEX FEE Pay the fees directly to NABP. Register on-line 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)

\$ 75.00 Initial Credential Fee

\$ 45.00 Exam Fee

\$ 20.00 DOA Exam Fee

\$140.00 Total Fee Attached

PLUS MPJE FEE/NAPLEX FEE Pay the fees directly to NABP. Register on-line at www.nabp.net.

Endorsement/Reciprocity Applicants (persons licensed as a pharmacist in another state)

\$128.00 Initial Credential Fee

\$ 45.00 Exam Fee

\$ 20.00 DOA Exam Fee

\$193.00 Total Fee Attached

PLUS MPJE FEE Pay the fees directly to NABP. Register on-line at www.nabp.net.

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

Original Licensure Exam Candidates

- 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.
- Copy of Translated Diploma (Foreign graduates only)
- Foreign Graduate Disclosure Internship (Form #2670) (Foreign Graduate 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.

Persons Licensed in Another State (s. 450.05 candidates)

- Application (Form #608) and appropriate fee
- Completed NABP Clearinghouse license transfer application, obtain at www.nabp.net
- MPJE registration and fees. Register on-line 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.

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.
- 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.

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <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 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> 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:

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)

<input type="text"/>												
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Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS: (attach additional sheet(s) 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 checked="" type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination? If yes, provide details below: (Original pass/fail cards required.) _____	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No
7.	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 checked="" type="checkbox"/> No
8.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: _____	<input type="checkbox"/> Yes <input checked="" 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, 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

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. If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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? If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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? If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	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 checked="" type="checkbox"/> No
14.	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 checked="" type="checkbox"/> No
15.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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've provided to the Department of Safety and Professional Services change.

Signature: Christina Gamm Date: 03/05/2019

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>

PHARMACY EXAMINING BOARD

CERTIFICATION OF ACADEMIC INTERNSHIP IN THE PRACTICE OF PHARMACY

APPLICANT: Complete this section and submit to your certifying school for completion. Form must be returned directly from the certifying school to the Department at the above address.

Last Name	First Name	MI	Former / Maiden Name(s)
Garmoe	Christine		

Address: (number, street, city, zip code)

Date of Graduation: 05 / 10 / 2019

Social Security #: (voluntary-for school's use in locating your records) X X X - X X - X X X X

CERTIFYING SCHOOL: Complete this section and return directly to DSPTS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscedpharmacy@wisconsin.gov.

Name of Institution: University of Wisconsin- Madison

Location of Institution: (city, state) Madison WI

I hereby certify that the applicant has successfully completed 2020 hours,

in a practical experience program consisting of the practice of pharmacy sponsored by this institution.

Signature: *M. Alceser* Date: 05/11/2019

Title: Assistant Dean

Wisconsin Department of Safety and Professional Services

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E-Mail: dsp@wisconsin.gov
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PHARMACY EXAMINING BOARD

PHARMACIST CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Complete this section and submit to certifying school for completion. Form must be returned directly from the certifying school to the Department at the above address.

Last Name	First Name	MI	Former / Maiden Name(s)
Garmoe	Christine		

Address: (number, street, city, zip code)

Social Security #: (voluntary-for school's use in locating your records)

X | X | X | - | X | X | - | X | X | X | X | X

CERTIFYING SCHOOL: Complete this section and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dsp@wisconsin.gov.

Name of Institution: University of Wisconsin- Madison

Location of Institution: (city, state) Madison WI

Type of Degree Awarded: Doctor of Pharmacy

Major: Pharmacy

Date Diploma Granted: 05 / 12 / 2019 (anticipated dates of graduation will not be accepted)

Signature of Dean/Dept. Head: *M. Alteser* Date: 05 / 13 / 2019



STATE OF WISCONSIN

Department of Safety and Professional Services
4822 Madison Yards Way
Madison WI 53705-9100

Governor Tony Evers
Secretary Dawn B.Crim

Mail to:
PO Box 8935
Madison WI 53705-9100

Email: dsps@wisconsin.gov
Web: <http://dsps.wi.gov>

Voice: 608-266-2112 • FAX: 608-267-0644 • TTY: 608-267-2416

05/29/2019

CHRISTINE A GARMOE



Exam: MULTI-STATE PHARMACY JURISPRUDENCE EXAMINATION
Exam Date:

THE PHARMACY EXAMINING BOARD REQUIRES A SCORE OF 75 OR ABOVE ON THIS EXAMINATION.

MPJE
PASSING SCORE = 75.00
YOUR SCORE = 77.00 (PASSED)

THIS LETTER IS NOT A PERMIT OR LICENCE TO PRACTICE



STATE OF WISCONSIN

Department of Safety and Professional Services
4822 Madison Yards Way
Madison WI 53705-9100

Governor Tony Evers
Secretary Dawn B.Crim

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Voice: 608-266-2112 • FAX: 608-267-0644 • TTY: 608-267-2416

05/22/2019

CHRISTINE A GARMOE



Exam: NAPLEX
Exam Date:

NAPLEX
PASSING SCORE = 75.00
YOUR SCORE = 118.00 (PASSED)

THIS LETTER IS NOT A PERMIT OR LICENCE TO PRACTICE

