

OPTIONAL DEMOGRAPHIC INFORMATION
Race/Ethnic Group (check one):

Caucasian
Hispanic
Asian
American Indian or Alaskan Native
African American
Other _____

Kentucky Board of Pharmacy
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort, KY 40601
Phone 502-564-7910
Fax 502-696-3806

License No. _____
Date Issued _____
NAPLEX Score _____
MPJE Score _____
(FOR OFFICE USE ONLY)

Initial Application for Pharmacist Licensure

This application and fee of \$150 must be in the Board Office before taking the NAPLEX or MPJE. Answer all questions in full and print legibly. **Please make checks payable to the 'Kentucky State Treasurer'.**

I hereby make application for examination by the Kentucky Board of Pharmacy for license as a Pharmacist in Kentucky subject to the provisions of the statutes and rules and regulations of the Board and being duly sworn submit the following:

1. Name _____

2. Address _____
Street and Number

3. _____
City State Zip Code

4. Telephone Number () _____
(Where you can be reached prior to examination)

5. E-mail Address _____

6. Date of Birth _____

7. Sex (check one): Male Female

8. Social Security No. _____

9. Kentucky Pharmacist Intern Registration Number _____

10. Please provide the name of the College of Pharmacy you attended. _____

11. Have any charges involving moral turpitude or violation of pharmacy, liquor, or drug laws ever been made against you?
_____ No _____ Yes

If yes, give details: _____

(If additional space is needed for details, please attach separate sheet)

12. Have you ever been convicted of a misdemeanor? _____ No _____ Yes A felony? _____ No _____ Yes

If yes, give details: _____

(If additional space is needed for details, please attach separate sheet)

PHOTOGRAPH:

Please attach a head and shoulders 'passport' sized photograph in this section.

[No proof copies or plastic ID are acceptable.]

13. Have you ever failed or been refused an examination by any State Board of Pharmacy? _____ No _____ Yes

If yes, give details: _____

(If additional space is needed for details, please attach separate sheet)

14. Have you ever been refused licensure by any State Board of Pharmacy? _____ No _____ Yes

If yes, give details: _____

(If additional space is needed for details, please attach separate sheet)

15. Have you ever had a Certification of Registration as a Pharmacist suspended, probated, or revoked by any State Board of Pharmacy? _____ No _____ Yes

If yes, give details: _____

(If additional space is needed for details, please attach separate sheet)

I certify that the statements contained in this application are true, complete, and correct, and I agree that the statements shall form the basis of my application and I do authorize the Kentucky Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information concerning me, and I further authorize them to furnish any information they may now or in the future have concerning me to any person, corporation, institution, association, Board or any municipal, county, state, or federal governmental agencies or units, and that I understand according to the Kentucky Revised Statutes a Pharmacist's License may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other thing, in connection with an application for a license or permit.

Signature in Full _____

I hereby certify that the above application was signed, subscribed and sworn to before me this _____ day of _____, 20__.

(Seal) _____ Signature _____

My commission expires _____ State of _____

This certificate of moral character must be signed by a person of good standing in the community in which the applicant resides.

I, _____ of _____ do say that the applicant herein named, has been personally known to me for _____ years, that my acquaintance with the applicant throughout that period has been sufficiently intimate to afford me ample opportunity to become fully informed as to the applicant's moral character and habits, that the applicant is not addicted to the use of alcoholic liquors or drugs so as to render the applicant unfit to practice Pharmacy, that the applicant is of good moral character and that I recommend the applicant, so far as character and habits are concerned, as worthy to be licensed to practice Pharmacy in Kentucky.

_____ (Date)

_____ (Signature)

_____ (Occupation)

CERTIFICATION OF COLLEGE GRADUATION

[To be executed by the Dean of the College of Pharmacy where the applicant attended Pharmacy School.]

Please make a copy of this section and submit to the Dean of the College of Pharmacy where you graduated for completion.
Please indicate below the College of Pharmacy attended.

This is to certify that _____ was in
regular attendance at _____ and that a certificate of graduation with the
degree _____ was conferred on _____.

(SEAL)

(Signature)

(Title)

(Date)

CERTIFICATION OF INTERN HOURS

Please make a copy of this section and submit to the appropriate person[s] of the College of Pharmacy where you graduated or
the State Board of Pharmacy if hours are outside of Kentucky for completion.

If certifying agency is the College of Pharmacy please complete section A.

[A] This is to certify that _____
was in regular attendance at _____ and that _____ hours
were accrued during rotations.

If certifying agency is a State Board of Pharmacy please complete section B.

[B] This is to certify that _____
while an intern with the _____ earned _____ hours.

(Signature)

(Title)

(Date)

(SEAL)

The Kentucky Board of Pharmacy does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and provides, upon request, reasonable accommodation, including auxiliary aids and services, necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. Contact the Board for assistance.