

**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 \_\_\_\_\_ 5. E-mail Address \_\_\_\_\_  
(Where you can be reached prior to examination)

6. Date of Birth \_\_\_\_\_ 7. Sex (check one): Male Female

8. Social Security Number \_\_\_\_\_

9. Kentucky Pharmacist Intern Registration Number (if applicable) \_\_\_\_\_

10. Please provide the name of the College of Pharmacy you attended. \_\_\_\_\_

11. 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)

12. 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)

13. 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)

14. 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)

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# 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)

**(SEAL)**

(Title)

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(Date)

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.