



State of New Hampshire
 Board of Pharmacy
 57 Regional Drive
 Concord, NH 03301-8518
 Tel.: (603) 271-2350 Fax: (603) 271-2856
 Website: www.nh.gov/pharmacy/

APPLICATION FEE:
\$265.00
 MAKE CHECK PAYABLE TO:
 TREASURER, STATE OF NEW HAMPSHIRE

APPLICATION FOR INITIAL LICENSURE AS A PHARMACIST IN THE STATE OF NEW HAMPSHIRE

ALL SECTIONS **MUST** BE COMPLETED.

PRINT **CLEARLY** IN BLACK OR BLUE INK ONLY. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL **NOT** BE ACCEPTED.

Please Check Application Type:

- Original Licensure In New Hampshire By Examination (NAPLEX).
- Licensure By Score Transfer. What State Did You Seek Original Licensure In? _____
** Please Note: To be eligible for Score Transfer you must have submitted your request for Score Transfer to NH through the National Association of Boards of Pharmacy (www.nabp.net) within 90 days of taking NAPLEX.*

Please Note

*Applicants Seeking Licensure In NH By Reciprocity / License Transfer (Already Licensed In Another State) Are **Not** Required To Submit This Application. In Its Place, You **Must** Submit Your Official NABP License Transfer Application. Contact NABP (www.nabp.net) For More Information.*

1. GENERAL INFORMATION					
Applicant's Name		First	Middle	Last	
Mailing Address					
City	State	Zip Code	Home Phone ()	Date of Birth (MM/DD/YY) / /	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		Are You <u>Currently</u> Licensed To Practice Pharmacy In Any Other State? <i>If Yes, which state(s) and date(s) licensed:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address (Notifications / Application Status will be sent to this address):			Have you ever been known under any other name (i.e. Maiden Name)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:		

2. EDUCATION / FPGEC CERTIFICATION	
(U.S. College of Pharmacy Must Send Official Transcript <u>Directly</u> To This Board, Foreign Schooled Pharmacists Must Submit Copy of FPGEC Certificate From NABP)	
Name of College of Pharmacy Attended	Date Degree Awarded / /
City/State of College	Type of Degree Awarded <input type="checkbox"/> B.S. <input type="checkbox"/> Pharm.D.

3. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - <u>ALL</u> QUESTIONS <u>MUST</u> BE ANSWERED.	
<ul style="list-style-type: none"> • Are you currently or have you ever been charged or convicted for violation of any federal, state, or local drug related laws/regulations? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* If Yes, Attach Explanation.</i> 	
<ul style="list-style-type: none"> • Have you ever been charged/convicted of a felony as defined under any state or federal law? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* If Yes, Attach Explanation.</i> 	

4. CERTIFICATE OF MORAL CHARACTER - REFERENCES (<u>ALL</u> 3 REFERENCES ARE REQUIRED PER Ph 301.02)		
This certifies that we (the undersigned) have been personally acquainted with: _____ <div style="text-align: right; margin-right: 50px;">Name of Applicant</div>		
And that he/she is not addicted to the use of alcohol or drugs; and that we know him/her to be of good moral character and hereby recommend him/her as being a good and trustworthy candidate to be licensed to practice pharmacy in the State of New Hampshire.		
1. _____ Printed Name	_____ Complete Address	_____ Phone Number
_____ Years Known	_____ Relationship to Candidate (i.e. Co-worker, Classmate, Friend, Family Member, etc.)	_____ Signature
APPLICATION CONTINUED ON OTHER SIDE		

References (Continued)

2. _____
 Printed Name Complete Address Phone Number

 Years Known Relationship to Candidate (i.e. Co-worker, Classmate, Friend, Family Member, etc.) Signature

3. _____
 Printed Name Complete Address Phone Number

 Years Known Relationship to Candidate (i.e. Co-worker, Classmate, Friend, Family Member, etc.) Signature

5. STATEMENT OF APPLICANT

I hereby apply for licensure as a pharmacist in the State of New Hampshire, and affirm that all the information contained in this application is complete and accurate to the best of my knowledge and belief. I also certify that the following required documentation is enclosed (excluding the college transcript which must be sent directly to the Board from your College of Pharmacy):

- One recent (passport-style) photo (not larger than 3x5 inches) ⇒ *Attach Photo In Presence Of Notary* ⇒
- Copy of Birth Certificate (*Translated to English if in a Foreign Language*) or Certificate of U.S. Naturalization / Immigration.
- Request an official, complete, finalized transcript (showing date degree conferred) sent directly from your College of Pharmacy to the *NH Board of Pharmacy, 57 Regional Drive, Concord, NH 03301-8518* (or for Foreign Schooled Applicants, enclose a copy of your FPGEC Certificate, which the Board will verify with NABP).
- Documentation of completion of internship hours (1,500 hours are required for New Hampshire). Internship hours may be reported on the *NH Internship/Preceptor Record Form* found online at www.nh.gov/pharmacy/internship.html , or if earned as part of your PharmD curriculum – on the *Certificate of Pharmacy Education* form found at www.nh.gov/pharmacy/pharmacists/documents/cert_of_pharmacy_ed.pdf , or if filed with another state board of pharmacy, transferred directly from the other state board of pharmacy to the New Hampshire Board of Pharmacy.
- Check or money order for state application fee of \$265, payable to: Treasurer, State of New Hampshire.

*Attach
Photo
Here*

It is the applicant's responsibility to ensure that all above items are completed in order for this application to be processed. **Please note: applications expire 1-year from the date they are received by the Board.** If the entire licensure process (including exams) is not completed within 1-year of the Board's receipt of this application, the application will expire and a new application and fee, along with all required documentation, must be re-submitted.

Signature of Applicant (*Must be signed in the presence of Notary – see below*)

Date

6. NOTARIZATION

State of: _____ County of: _____

In _____, in said County, on this day, _____, the following applicant for licensure as a pharmacist
(City/Town) (Complete Date)

in the State of New Hampshire: _____, personally appeared before me, attached a photo of
(Applicant's Name)

his/her self above and signed the foregoing application in my presence, affirmed under oath that the facts stated in said application are complete, true, and correct.

Notary Public or Justice of the Peace

Address

Commission Expires

**Affix Notary Stamp / Seal
Here**