

**APPLICATION FOR LICENSURE BY EXAMINATION
NORTH DAKOTA STATE BOARD OF PHARMACY**

PO Box 1354 Bismarck, ND 58502-1354

Phone (701) 328-9535 Fax (701) 258-9536

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ADDITIONAL INFORMATION:

1. Upon successful completion of the examinations (\$100.00), a fee of \$25.00 is required for the original certificate of licensure.
2. The original certificate will allow you to practice pharmacy in North Dakota until March 1st of the following year, thereafter, you will be required to renew your licensure annually before March 1st by paying the fee of a Licensed Pharmacist as indicated on your renewal notice.
3. To ensure that you will receive your annual renewal notice, *YOU MUST KEEP THE BOARD INFORMED OF YOUR CURRENT ADDRESS, IF YOU INTEND TO MOVE - NOTIFY THE BOARD BEFORE THE EFFECTIVE DATE (it is the law).*

QUALIFICATIONS

North Dakota Century Code 43-15-15

Every applicant for Licensure as a Pharmacist in this state shall have the following qualifications:

1. Be at least eighteen (18) years of age
2. Be of good moral Character
3. Be a graduate of a School or College of Pharmacy recognized by the Board as an approved school or college

Affidavit from School or College of Pharmacy

This is to certify that _____ graduated
Full name of Graduate
from _____, _____ year curriculum from
Name of Institution
The School or College of Pharmacy on _____ with a
Graduation Date
_____ degree.

Dean or Registrar

Subscribed and sworn to before me this _____ day of _____, 200 _____

Notary Public