



# NORTH DAKOTA STATE BOARD OF PHARMACY

1838 E Interstate Ave Suite D Bismarck, ND 58503

Phone (701) 877-2404 Fax (701) 877-2405

Email: [Mhardy@ndboard.pharmacy](mailto:Mhardy@ndboard.pharmacy) Website: [www.nodakpharmacy.com](http://www.nodakpharmacy.com)

## APPLICATION FOR LICENSURE BY EXAMINATION

**MUST BE LEGIBLE**

### INSTRUCTIONS:

1. **Legibly** complete answers to all information requested.
2. Sign and have notarized where indicated.
3. Submit a recent photo approximately 2 X 3 for identification.
4. Remit completed application, photo and fee (\$125.00) to Board of Pharmacy.

1. Full Name of Applicant \_\_\_\_\_

2. Home Address \_\_\_\_\_  
Street & Apt Number PO Box # City State Zip

3. Date of Birth \_\_\_\_\_ Age \_\_\_\_  
Month Day Year

Email address: \_\_\_\_\_ [NOT NDSU email – permanent email]

4. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number \_\_\_\_\_

5. Place of Birth \_\_\_\_\_  
City County State

6. Name of School/College of Pharmacy Graduated from: \_\_\_\_\_

7. Total experiential hours per submitted affidavits/progress reports \_\_\_\_\_

8. Have you taken the exam before \_\_\_\_\_ If Yes, give date \_\_\_\_\_

9. Indicate name, city and state as it should appear on your Permanent Certificate:

\_\_\_\_\_  
Name City State

I do solemnly swear and affirm that the answers in this application are true and correct. I certify that I have not been convicted in a court of general jurisdiction of any felony or misdemeanor, nor are there any restrictions taken or pending against me. If you cannot answer yes to this statement, please provide all details with the application.

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ }

I, \_\_\_\_\_ of \_\_\_\_\_ and county of \_\_\_\_\_  
Name City

State of \_\_\_\_\_ do hereby make application for Licensure as a Pharmacist by Examination under the provisions of Law Regulating the Practice of Pharmacy in the State of North Dakota and do solemnly swear and affirm that the answers set forth in this application are true and correct.

Sign here: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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### ADDITIONAL INFORMATION:

1. Upon successful completion of the examinations (\$125.00), an original certificate of licensure will be issued. *[\$100 Exam + \$25 original license]*
2. The original certificate will allow you to practice pharmacy in North Dakota until March 1<sup>st</sup> of the following year, thereafter, you will be required to renew your licensure annually before March 1<sup>st</sup> 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).***
4. The Board's Laws and Rules document and any recent updates can be accessed at any time on the Board's website under the "Laws/Rules" section.

### 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 of Pharmacy
    - a. If an NDSU student submit your Affidavit of Licensed Pharmacists/Preceptors as signed by the Dean and notarized.
    - b. If you are a graduate of an ACPE accredited school or college of pharmacy outside of North Dakota submit the Out-of-State Affidavit from the College [Affidavit for Out-of-State Applicants Form](#) (27 KB PDF)  
And have your hours certified from the Board of the state in which they were obtained sent to the ND Board of Pharmacy. A minimum of 1,500 hours is required to be eligible for examination.
    - c. If a graduate of a non ACPE accredited school or college of pharmacy attach a copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) certification (which certification is hereby recognized and approved by the board), awarded by the National Association of Boards of Pharmacy, and the FPGEC certification includes the Test of English as a Foreign Language (TOEFL) and the Test of Spoken English, or the Internet-based TOEFL iBT (which examinations are hereby recognized and approved by the board) given by the Educational Testing Service as a prerequisite to taking the licensure examination provided for in the North Dakota Century Code section 43-15-19. This certificate will be sent directly to you by NABP.
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