ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
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www.azpharmacy.gov

Application Received:	
Administrative Review:	
Substantive Review:	
Completeness Notice:	

FOR AGENCY USE ONLY

ASBP Approval:		License No.:		Fee:		Receipt No.:	
Effective Date:		Certificate Mailed:		Check No.:		Check Date:	
Fee From:		Fee To:					

052214

Application for Pharmacy Intern Licensure

INSTRUCTIONS

Requirements for all intern applicants

- Provide proof of age (must be at least 18 years of age) & legal US residency (US birth certificate, US passport, certificate of birth abroad, naturalization certificate, permanent resident card, Native American tribal record, or asylee/refugee visa). You must be able to provide proof you are eligible to work in the US. If you are uncertain of your residency status, please contact the Board prior to applying for licensure. The ASBP cannot issue a license to those holding an employment authorization card, issued under the following categories:

  A11 (Deferred Enforced Departure)
  C14 (Deferred Action)
  C33 (Deferred Action for Childhood Arrivals)

- Provide copy of state or federally issued photo ID (i.e. driver's license)

If you are applying as a graduate of a foreign (non US) pharmacy school, you are required to provide our office with a copy of your FPGEC certificate. Please do not send original FPGEC.

If you are currently enrolled as a student in an Americal Council for Pharmacy (ACPE) approved pharmacy school, you will be required to provide proof of enrollment and attendance. An official transcript or letter from the registrar or dean of your school will be satisfactory. The Board does not accept faxed or email copies of enrollment proof.

If you are applying as a graduate of a US pharmacy school, you will be required to have your school send an official transcript or a letter from the registrar or dean as proof of graduation.

Fees
Application fees are $60.00

APPLICABLE RULES AND STATUTES

Please familiarize yourself with the Rule(s) and/or Statute(s) listed below for more details about your intern licensure.

Rules	Statutes
R4-23-301, 302, 303, 304, 305	A.R.S. § 32-1923, 1926, 1927, 1933
R4-23-402, 411	

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), Title 8, U.S.C §1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant's, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

CITIZENSHIP OR NATURAL STATUS DECLARATION

Are you a U.S. Citizen or a legal resident with permission to work within the United States?

◯ **Yes** ◯ **No**

Indicate place of birth

City

County

State

Country

ALIEN STATUS DECLARATION

If you answered "No" to the citizen or national question above, please indicate your alien status by checking the appropriate box below:

Qualified Alien Status

☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

☐ 2. An alien who is granted asylum under Section 208 of the INA.

☐ 3. A refugee admitted to the United States under Section 207 of the INA.

☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.

☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.

☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

☐ 7. An alien who is a Cuban and Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980).

☐ 8. An alien who has, or whose child or child's parent has, been declared a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status

☐ 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Nonimmigrant's are persons who have temporary status for a specific purpose.

If you checked Item 9, answer the following:

Do you have a nonimmigrant visa for entry that is related to employment in the United States for which you are applying for a license?

◯ **Yes** ◯ **No**

☐ 10. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

APPLICANT CONTACT INFORMATION

Type of Intern

◯ **Student** ◯ **Foreign** ◯ **Graduate**

First Name

Middle Name

Last Name

Suffix

Street Address

City

County

State

Zip Code 99999 or 99999-9999

Foreign Postal Code

Phone

Email name@domain.com

ALTERNATE MAILING ADDRESS

☐ **Check if mailing address is the same as above address. If not, please enter it here.**

Street Address

City

County

State

Zip Code 99999 or 99999-9999

Foreign Postal Code

IDENTIFICATION INFORMATION

Date of Birth

Gender

◯ **Male** ◯ **Female**

Social Security Number **(Pursuant to A.R.S. § 25-320 this is mandatory)**

Have you ever been known by any other name?
If yes, enter here

RELIEF CERTIFICATES

If a licensee practices in more than one location, a relief certificate will be needed per location (up to 5). Relief certificates can be requested at any time of application or at a future date by contacting the board office.

# of Relief Certificates Needed ($10.00 ea)

COLLEGE INFORMATION

Please use this page to provide us with information about your college education, colleges attended or for foreign graduates, provide your FPGEC Certification. If your school is not on the drop down list, please choose "not listed" under the "other" category.

College Name

Graduation Date / Anticipated Graduation Date

Degree

BS **Pharm. D.**

RECORD OF CHARGES

Have charges involving moral turpitude or violations of a misdemeanor or felony or actions taken by any other licensing agency ever been made or are pending against you? If so, you must detail those charges below. Also, please attach any documents that help define these charges, convictions or fines. Please attach additional pages if more space is required.

CHARGE, CONVICTION OR FINE

Month

Year

City

County

State

Explanation

QUESTIONS

Have you ever had your license or certificate to practice as a pharmacy intern or any other profession suspended, revoked or cancelled by any state, territory, district or country? If yes, attach full details.

◯ **Yes** ◯ **No**

Has any formal disciplinary action, including but not limited to, censure, fine, suspension, probation, restriction of practice or revocation ever been taken against you or any professional license or certificate? If yes, attach full details which must include the nature and date of each action and the state or jurisdiction taking such action.

◯ **Yes** ◯ **No**

Have any complaints ever been filed against any professional license or certificate you possess? If yes, attach full details which must include explanation of the nature and dates of the complaint or investigation, and the state or jurisdiction involved.

◯ **Yes** ◯ **No**

Do you have any disciplinary actions or sanctions pending against a professional license or certificate? If yes, attach full details.

◯ **Yes** ◯ **No**

Have you ever been arrested for, pled guilty to or been convicted of a felony or misdememeanor offense (You must answer "yes" even if an arrest or conviction has been pardoned, expunged or dismissed; or that your civil rights have been restored)? If yes, attach full details which must include the date, court, case number and state of prosecution.

◯ **Yes** ◯ **No**

Do you have any medical, physical or psychological conditions that may in any way currently impair or limit your ability to safely practice? If yes, please provide further information.

◯ **Yes** ◯ **No**

Do you currently habitually abuse alcohol to the extent it would impair your ability to practice pharmacy?

◯ **Yes** ◯ **No**

Within the last five years have you been addicted to or habitually abused narcotics and/or illegal substances?

◯ **Yes** ◯ **No**

Are you presently addicted ot or habitually abusing narcotics and/or illegal substances?

◯ **Yes** ◯ **No**

- I hereby give my permission for the Arizona State Board of Pharmacy to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
- I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
- I will notify the Board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for licensure pursuant to A.R.S. § 32-3208(B).
- I have included the required fee for this intern application. I understand this fee is non-refundable.
- I intend to practice my profession in pharmacy in keeping with the spirit and the letter of the Pharmacy Act of Arizona and all the laws and rules enacted in the future.
- I certify that I have read all the questions on this application.

ATTESTATION

☐ **I state and depose that all facts, statements and answers outlined in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications, whether it is called for or not; and I agree that any falsification, omission, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my license in pharmacy if it is not discovered until after issuance. A.R.S. § 32-1267**

Signature

Date