**ARIZONA STATE BOARD OF PHARMACY**
**P. O. Box 18520 Phoenix, AZ 85005**
**p ) 602-771-2727 f ) 602-771-2749**
**www.azpharmacy.gov**

| | |
|---|---|
| Application Received: | |
| Administrative Review: | |
| Substantive Review: | |
| Completeness Notice: | |
| NABP Registration: | |
| MTT for MPJE: | |

FOR AGENCY USE ONLY

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

# Application for Pharmacist Licensure by Reciprocity from another Jurisdiction

## INSTRUCTIONS

**Requirements**
This application will require an NABP application and proof of legal U.S. residency. Please understand that you are expected to take the MPJE (Multistate Pharmacy Jurisprudence Examination) within 12 months of filing this application or else the application will become null and void.

**Fees**
Application fees are $300.00, payable by check or money order only.

## APPLICABLE RULES AND STATUTES

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

**Rules**

R4-23-201, 202, 203, 204, 205

R4-23-401, 402

**Statutes**

A.R.S. § 32-1922, 1924, 1925, 1926, 1927

## 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).

**If none of the above, please contact the Board prior to submitting your application**

## APPLICANT CONTACT INFORMATION - PLEASE PRINT CLEARLY

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

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

## RECIPROCITY LICENSURE INFORMATION

Please provide us with the following information from your original state of Pharmacist Licensure. You must have taken the NAPLEX exam in that state in order to reciprocate. (Note: applicants wishing to reciprocate from CA or FL, please contact the Board office for details.)

State

Date of Original Licensure

License Number

In good standing now?

○ **Yes** ○ **No**

**If no, please explain**

## WORK HISTORY

Have you practiced at least one year since registration?

○ **Have** ○ **Have Not**

Have you been in continuous practice of pharmacy since registration?

○ **Have** ○ **Have Not**

If you have not been in continuous practice of pharmacy since your original registration, please indicate below the type of employment, business, etc. engaged in and for how long and also attach a resume.

**If non-continuous practice, explain here**

## RECORD OF CHARGES

Have you ever been charged with or convicted of a misdemeanor, felony or other violations or moral turpitude? Has your pharmacist license ever been revoked, disciplined or cited? Are there any pending charges against you personally or your license at this time? If so, please explain below, and attach any applicable court documents that help define these charges, convictions or fines. Please attach additional pages if more space is required.

## CHARGE, CONVICTION OR FINE

Month

Year

☐ **Felony** ☐ **Misdemeanor**

City

County

State

Explanation

## ATTESTATION

☐ **I declare under penalty of perjury under the laws of the state of Arizona that the above information I have provided is true and correct to the best of my knowledge.**

Signature

Date