

APPLICATION FOR OREGON INTERN LICENSE

INTERN

(Expires November 30, two years from date of issue)

OREGON BOARD OF PHARMACY
 800 NE OREGON STREET, SUITE 150
 PORTLAND OR 97232
 TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us



FOR BOARD USE ONLY	I [0307] \$50.00 F [0352] \$52.00
PERSON ID # _____	RECEIPT # _____
CHECK # _____	ENTERED BY _____
FP INFORMATION	MAILED EMAILED HANDED
FP EXPIRATION: _____	

NON-REFUNDABLE
FEE: \$50.00 (Check or Money Order only)

To be eligible for licensure with the Oregon Board of Pharmacy, you must complete a national fingerprint based background check. Results are valid for a period of 12 months. If you have not completed the background check process within the past 12 months, you will be sent the instructions to obtain your fingerprints after your \$52.00 fingerprint background processing payment, \$50.00 application payment and Intern application have been received by the Oregon Board of Pharmacy. Please note that this is a four page application. **Failure to fully complete this application and provide all of the items requested will delay processing.**

- [] Check this box if you are enrolled or attending **Oregon State University/Pacific University**. Attach an original passport/visa style photograph (2x2 inches in size) taken within the past 6 months and submit a copy of your state issued driver's license or state issued ID card (front & back).
When the status of your admission has been confirmed with the School or College of Pharmacy, the Oregon Board of Pharmacy will process your Intern application and provide your Intern license to your School or College of Pharmacy. Your School or College of Pharmacy will provide you with your Intern license when you are enrolled.
- [] Check this box if you are enrolled or attending a **University or College of Pharmacy outside the State of Oregon**. Attach a passport/visa style photograph (2x2 inches in size) taken within the past 6 months and submit a copy of your state driver's license or state issued ID card (front and back).
Have your University or College of Pharmacy submit a letter to the Oregon Board of Pharmacy verifying that you are currently enrolled in a Pharm.D. program. You will be provided your intern license after processing your application..
- [] Check this box if you are a **Foreign Pharmacy Graduate**. Attach a passport/visa style photograph (2x2 inches in size) taken within the past 6 months; attach a copy of your passport and U.S. Visa showing you are entitled to work in the United States (such as an H1B Visa); provide the Oregon Board with your **Original** FPGEC Certificate; and provide a copy of your TOEFL and TSE (or TOEFL iBT) scores.
You will be provided your intern license after all of the above items have been submitted and after processing your application.

Full Name _____

Physical Address _____

City, State, Zip _____

Mailing Address _____

Phone Numbers () - () - _____

Date of Birth ___/___/_____ E-mail Address _____

SOCIAL SECURITY # _____ The Oregon Board of Pharmacy is required, under Title 42 USC § 666(a)(13) and ORS 25.785 to obtain the social security numbers of all licensees. Your social security number may be used for purposes of identification and to conduct a background investigation. The Board may disclose your social security number to pharmacies, other state boards of pharmacy and to law enforcement agencies. Failure to provide your SSN will result in non-licensure.

If you do not have a SSN Number, please provide a copy of your Passport and U.S. Visa showing you are entitled to work in the United States (i.e., H1B Visa). If you are attending school on an F1 Visa, please provide a copy of your I94 and I20 which has been signed by your Designated School Official.

MORAL TURPITUDE QUESTIONS

ARRESTS, CHARGES OR CONVICTIONS OF LAW VIOLATIONS AND DISCIPLINE: You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions will result in the denial of your application or another appropriate sanction authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor In Possession) violations, possession of controlled substances, theft, shoplifting, domestic violence, assault violations, any other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened.

Do not report simple traffic infractions such as speeding or parking tickets.

This information must be reported whether or not the arrest/citation was dismissed; dismissed through diversion; or happened over 5 years ago. Please contact the Oregon Board of Pharmacy at (971) 673-0001 if you do not understand any part of this application.

If the answer is "Yes" to any part of these questions, you **must** provide a written explanation of the circumstances in detail. You must also provide copies of all police reports, court documentation and other related documents. Failure to provide these records will lengthen the time it takes to process your application.

1. Do you have any condition that in any way impairs or may impair your capacity to perform the duties of a Pharmacy Intern with reasonable skill and safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you use, or have you used a chemical substance in any way that may impair or limit your ability to perform the duties of a Pharmacy Intern with reasonable skill and safety? (Chemical Substance" includes alcohol and drugs).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any disciplinary actions been taken (or are any actions pending) against your license in any state or US jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you suffered any civil judgment related to incompetence, negligence or malpractice concerning the practice of health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever engaged in the unlawful use of a controlled or illegal substance(s) or prescription? (Unlawful use of a controlled or illegal substances means the use of controlled substances obtained illegally (e.g., marijuana, meth, heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been found in any civil, administrative or criminal proceeding to have possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or dispensed controlled substances for yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential in connection with or to avoid action by such authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been found in any civil, administrative or criminal proceeding to have: a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed any controlled substance for yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Committed any act involving dishonesty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Violated any state or federal law or rule regulating the practice of a health care profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been charged with or disciplined for the violation of a pharmacy, liquor or drug law or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check here if you have reported this information to the Board and provided documentation on a previous application. You do not need to resubmit documentation that you have already provided.

If the answer is “NO” to these questions, you must write out and sign the following statement:

“I have never been arrested for, charged with nor convicted of the commission of any crime, offense or violation of the law in any state or by the federal government. I have never been charged with nor disciplined for the violation of a pharmacy, liquor or drug law or regulation by a professional licensing board or agency. I have never surrendered or resigned a professional license.”

I hereby certify that I have read this application and further certify that the information provided on this form is true and correct. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license. I am aware that the Oregon Board of Pharmacy will conduct a Fingerprint-based Background Check.

I have read and agree to abide by the laws and administrative rules of the Oregon Board of Pharmacy found in Oregon Revised Statutes, Chapters 475 and 689, and Oregon Administrative Rule, Chapter 855 (http://oregon.gov/Pharmacy/Laws_Rules.shtml). I am aware that failure to observe these laws and rules may result in disciplinary action taken against my license.

APPLICANT’S SIGNATURE _____ DATE _____

Did you remember to:

- Enclose your check or money order for the application fee of \$50.00?
- Enclose your check or money order for the fingerprint background fee of \$52.00 (*if applicable*)
- Attach an original passport/visa style photograph and copy of state issued driver’s license?
- Complete your moral turpitude questions and statement section?
- Sign and date your application?
- Attach a letter from your University or College of Pharmacy verifying you are currently enrolled? (if required)
- Submit a copy of an H1B or F1 Visa with I94 and I20 documents if you do not have a SSN?
- Submit your Original FPGE Certificate and copy of TOEFL/TSE or TOEFL iBT Scores (if required)?

THE LICENSE APPLICATION FEE IS NON-REFUNDABLE
ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)



Oregon

Kate Brown, Governor

Oregon Board of Pharmacy
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Fax: 971 / 673-0002

E-mail: pharmacy.board@state.or.us
Web: www.pharmacy.state.or.us

CULTURAL DIVERSITY INFORMATION

The 2001 Legislature passed Senate Bill 786 (ORS 676.400), a law which is designed to identify populations under-served by health care providers. The law requires regulatory agencies to collect and maintain licensee's racial, ethnic and bilingual information and to report this data to the Legislature.

Provision of this information is voluntary.

Race:

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/ Alaskan Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian/ Pacific Islander |
| <input type="checkbox"/> White (not Hispanic) | <input type="checkbox"/> Other |
- Please explain:

Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> Hispanic/ Latino | <input type="checkbox"/> Non-Hispanic or Latino |
| <input type="checkbox"/> Refused to Answer | |

Bilingual:

Are you bilingual? Yes No If yes, check applicable languages:

- | | | | | |
|---|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French | <input type="checkbox"/> Italian | <input type="checkbox"/> German | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> Scandinavian | <input type="checkbox"/> Slavic | <input type="checkbox"/> Arabic | <input type="checkbox"/> Persian | <input type="checkbox"/> Greek |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Greek | <input type="checkbox"/> Turkish | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai | <input type="checkbox"/> Russian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian/ Pakistan | <input type="checkbox"/> Other | | | |

Please return this page with your application.

Provision of this page is voluntary