

Pharmacist Education Information

List the exact name of all schools in which pharmacy courses were taken, including pre-pharmacy courses.

School(s) Attended	Location (Country)	Attended From (MM/YY)	Attended To (MM/YY)	No. of Years

Pharmacy Degree(s)

First degree leading toward the practice of pharmacy:

Diploma Bachelor Master PharmD Other _____

Date Degree Issued (MM/YYYY):

Advanced degree obtained in practice of pharmacy:

Master PharmD/Doctorate Other _____

Date Degree Issued (MM/YYYY):

Pharmacist Licensure and/or Registration Record

Was an unrestricted license required to practice pharmacy in the country where your degree was obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date license was issued (MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Was an unrestricted registration required to practice pharmacy in the country where your degree was obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date registration was issued (MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If you did not obtain a license and/or registration to practice pharmacy in the country or jurisdiction where you obtained your pharmacy degree complete the following:

Country or jurisdiction where you are licensed/registered to practice pharmacy: _____

Was an unrestricted license required to practice pharmacy in the country where you practice? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date license was issued (MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Was an unrestricted registration required to practice pharmacy in the country where you practice? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date registration was issued (MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Has any punitive action been taken against you by any pharmacy licensing or registering authority or any recognized pharmacy organization, or have you been refused admission to a recognized pharmacy organization?

Yes No

If the answer to the above question is "yes," explain fully on a separate sheet of paper giving such details as date, location, charge, and punitive action taken.

Certification

I hereby certify that the information provided in this application is true and accurate and to the best of my knowledge, and that I have enclosed recent photographs of myself.

I agree that (1) falsification of this application, or (2) the submission of any falsified documentation, including but not limited to educational documents, to the FPGEC, or (3) the submission of any falsified FPGEC documents to other agencies, or (4) the giving or receiving of aid in the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), Test of English as a Foreign Language Internet-based Test (TOEFL® iBT), or any examination that is required in order to achieve FPGEC Certification, may be sufficient cause for the FPGEC to prohibit me from the examination, to terminate my participation in the examination, to invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action.

I agree to cause the current vendor(s) of the TOEFL iBT to release to NABP my scores, per the instructions in the *FPGEC Application Bulletin*. Further, in the event of cancelation or invalidation of my TOEFL iBT score(s), I hereby authorize the vendor of such test to release to NABP complete information regarding the cancellation or invalidation of such score(s), as well as my identifying information. I acknowledge that the vendor of such test may request that I provide further authorization in order to release information. I also understand that this authorization is valid for three (3) years from the date on my application for FPGEC Certification and that I can revoke this consent at any time by submitting written notice to the FPGEC at the address published on the NABP Web site, *www.nabp.net*; however, I understand that if I revoke this consent NABP may not be able to complete its evaluation of my eligibility for FPGEC Certification, or any continuation of FPGEC Certification, if granted and that it could negatively affect my application for FPGEC Certification up to, and including closure of my FPGEC program file or disqualification from the FPGEC program.

I agree that the FPGEC Certificate and all copies thereof remain the property of the FPGEC and must be returned to the FPGEC if the FPGEC determines that I am not eligible to hold the Certificate, or that it was issued in error.

I hereby authorize the FPGEC to transmit any information contained in this application, or information that may otherwise become available to the FPGEC, to any governmental department or agency, to any employer, or to any other organization or individual who, in the judgment of the FPGEC, has a legitimate interest in such information, including but not limited to NABP's Pharmacist and Pharmacy Achievement and Discipline® program.

I acknowledge that if I receive FPGEC Certification, I will be eligible to take the pharmacist licensing examination in those states and jurisdictions that require FPGEC Certification, providing that I am otherwise eligible for licensure in any such state or jurisdiction. I understand and agree that it is incumbent upon me to contact the board of pharmacy in the state or jurisdiction where I seek to be licensed to determine its FPGEC Certification and licensure requirements. I acknowledge that the FPGEC makes no representations as to my eligibility for licensure as a pharmacist in any state or jurisdiction.

I hereby certify that I have read this application and the *FPGEC Application Bulletin* and I agree with their terms and requirements. I further certify that I have and, to the best of my abilities, will continue to comply with such terms and requirements.

Applicant must sign his/her full name as it appears in English on the first line below, but only in the presence of one of the following: a Notary Public, Consular Official, or First-Class Magistrate.

Signature of Applicant:

The following to be completed by a Notary Public, Consular Official, or First-Class Magistrate.

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____

Signature of Notary Public, Consular Official, or First-Class Magistrate:

_____ Official Title _____

If official title and/or seal is not in English, FPGEC requires a translation. Alterations or erasures of any kind on this page will void the application.

ATTACH
ONE
PHOTOGRAPH
HERE

One additional identical
photograph must accompany this
application.

Seal, stamp, or signature of
official must cover a portion of
the attached photograph and the
application.