

STATE OF MAINE

BOARD OF PHARMACY

**APPLICATION FOR
PHARMACIST LICENSURE
BY RECIPROCITY**



Department of Professional and Financial
Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8689 or (207) 624-8620
TTY/HEARING IMPAIRED (207) 624-8563
FAX: (207) 624-8637

Office located at: 122 Northern Avenue, Gardiner, Maine
Email: susan.a.greenlaw@state.me.us

APPLICATION INSTRUCTIONS
LICENSURE BY RECIPROCITY

The following must be included with the application:

- Preliminary Application for Transfer of Pharmaceutics Licensure
Please go to www.nabp.net to download application
- Instructions on preparing for the Maine Pharmacy Law Exam
- Multi-state Pharmacy Jurisprudence Examination (MPJE) Registration Bulletin
Please go to www.nabp.net to download bulletin

Licensure by reciprocity cannot be acquired from California and Florida (see Maine Pharmacy Act, Section 13733(2)).

The following is the application procedure:

1. Complete the Preliminary Application for Transfer of Pharmaceutics Licensure form as directed on the application and submit to NABP along with the required fee. The fee to NABP must be in the form of a certified check or money order payable to N.A.B.P. – **PERSONAL CHECKS OR CREDITS CARDS WILL NOT BE ACCEPTED.**
2. NABP will return to you a completed application based on the information provided on the preliminary application. You will then submit the completed application to the Maine Board along with the \$150 application fee. Payment may be in the form of cash, check or money order payable to Treasurer State of Maine, VISA, or MasterCard.
3. Complete the Multi-state Pharmacy Jurisprudence Examination (MPJE) registration form and submit it to the Board along with your licensure transfer application. The fee to sit for the MPJE is \$85. Payment must be made in the form of a certified bank check or money order payable to NABP. **PERSONAL CHECKS OR CREDIT CARDS WILL NOT BE ACCEPTED.**
3. Once the completed applications are received at the Board office, a letter of acknowledgment will be sent to you. The Board office will then forward employment verifications to each of the employers listed on the application. These must be returned directly to the Maine Board by each employer (if all of the employers do not respond, the Board prefers to receive at least the two most recent).
4. An applicant's file is complete when the Board office has received all of the required information (licensure transfer application, MPJE registration application, fees, verification of employment forms, and photo i.d). The MPJE registration application will be forwarded to NABP via Federal Express next day service. You will be contacted by NABP regarding a testing date.
5. MPJE results will be reported electronically to the Maine Board. Upon passing the MPJE, the application file will be reviewed by the Board at their next available meeting. If the file is approved, a license will be issued without delay. If the applicant fails, opportunity will be given to re-take the exam by contacting the Board Clerk.



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ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

MULTISTATE PHARMACY JURISPRUDENCE EXAM

PREPARATION

IN PREPARING FOR THE MAINE PORTION OF THE MULTISTATE PHARMACY JURISPRUDENCE EXAM, YOU MUST BE FAMILIAR WITH THE MAINE PHARMACY ACT 32 MRSA, BOARD RULES, AND TITLE 21 OF THE CODE OF FEDERAL REGULATIONS (CFR) PART 1300 TO END. IF YOU NEED A COPY OF CFR PART 1300 TO END, PLEASE CONTACT THE FOLLOWING:

U.S. Government Printing Office
Telephone: (202) 512-1800

Or you can access this information at the following web site:

www.access.gpo.gov/nara/cfr/cfr-table-search.html

THE EXAM COVERS A WIDE VARIETY OF INFORMATION FROM ALL THREE OF THESE PUBLICATIONS.

KNOWING THE PHARMACY LAWS FROM THE STATE IN WHICH YOU PRACTICE IS ALSO ESSENTIAL.

GOOD LUCK. IF THERE ARE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THE BOARD.



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(207) 624-8563 (TTY/HEARING IMPAIRED)

(207)624-8689 (OFFICE PHONE)

FAX: (207)624-8637



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ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Attached is a form addressed to the Maine Department of Public Safety, Bureau of Identification. Please complete the applicant information section of the enclosed form and send it to the appropriate licensing board with your completed application and supporting documentation as may be necessary. **Do not send the request directly to the Department of Public Safety.**

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identifications to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Please contact the board clerk at the number below if you have questions or need assistance.

**(Clerk Name and Phone Number) Susan Greenlaw
(207) 624-8689**

PHONE: (207)624-8689
(Office Phone)



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FAX: (207)624-8637

(207)624-8563 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE



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AND FINANCIAL REGULATION

Board of Pharmacy
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DIRECTOR

CRIMINAL HISTORY RECORD CHECK FEE: \$8.00
Make checks payable to: Treasurer, State of Maine
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION
(Office Use Only)

Date: _____	Contact Person: SUSAN GREENLAW
Agency Name & Address:	Office of Licensing and Registration Board of Pharmacy 35 State House Station Augusta, Maine 04333-0035



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Last Revised: April 2000



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: () -
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ____ / ____ / ____ **in the amount of: \$** _____

Signature: _____ **Date:** ____ / ____ / ____

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ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission

Name: _____

Address: _____

Telephone #: _____ Social Security Number: _____

Accommodations Requested for the _____ Examination.

Disability _____

Please check all that apply:

- Accessible Testing Site**
- Separate Testing Site**
- Braille**
- Large Print**
- Tape**
- Reader as Accommodation for Visual Impairment**
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment**
- Reader as Accommodation for Learning Disability**
- Scribe/Amanuensis as Accommodation for Learning**
- Sign Language Interpreter**
- Extended Time**
 - Time-and-a-half**
 - Double time**
 - More than double time (specify) _____**
- Use of Computer or Other Adaptive Equipment (specify) _____**
- Other: _____**

Signed and dated: _____

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a
(Test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, providing the following should accommodate him/her: (check all types)

- Taped test**
 - Large print test**
 - Reader**
 - Scribe/amanuensis**
 - Extended time**
 - Time-and-a-half**
 - Double time**
 - More that double time (please justify) _____**
 - Separate Testing Area**
 - Use of Computer or Other Adaptive Equipment (please specify) _____**
 - Other (please specify) _____**
-

Signed: _____ **Title:** _____

Date: _____ License # _____