MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091
(573) 526-3464 (FAX)

DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

APPLICATION FOR PRELIMINARY EVALUATION OF FOREIGN PHARMACY SCHOOL GRADUATE

INSTRUCTIONS

THIS APPLICATION IS FOR EVALUATION TO SEEK LICENSURE BY: (CHECK ONE)

☐ Examination ☐ Reciprocity

APPLICANT PERSONAL DATA -TYPE OR PRINT IN BLACK INK

APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN)		SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER
DATE OF BIRTH	PLACE OF BIRTH	SEX ☐ MALE ☐ FEMALE
CITIZENSHIP AT BIRTH	CITIZENSHIP AT PRESENT	

PART I - DOCUMENTS REQUIRED

1. A photostatic copy of a certificate stating name, date and place of birth by one of the following methods must be supplied:
   (a) Birth Certificate;
   (b) Baptismal Certificate;
   (c) Notarized statement from an authorized agency.
2. Documentation as required by Administrative Rule 20 CSR 2220-2.030 (2), (3) and (6)(C), showing practical experience which is equal to the requirements listed in this rule.
3. Documentation of name change, if name on credentials is different than the name on this application.
4. Copy of current visa issued by U.S. Government permitting employment, if applicant is not a U.S. Citizen **or** proof of U.S. Citizenship.
5. One (1) 2" x 2" frontal view portrait photograph of applicant.
6. Foreign Pharmacy Graduate Equivalency Certification (FPGEC) as provided by the National Association of Boards of Pharmacy Foundation Foreign Pharmacy Graduate Examination Committee.
7. A fee of $250.00 must be submitted with this application, payable in United States currency to the Missouri Board of Pharmacy. The application cannot be processed until it is completed fully and submitted with all required documents and the fee. Documents should be submitted (6) months prior to the date applicant wants to take the examination.

ALL FEES ARE NONREFUNDABLE. An additional $25 returned check fee will apply to insufficient funds checks.

NOTE: Documents in a foreign language shall be translated into English, and notarized by an authorized individual.

PART II - EDUCATION

1. Type of degree: ☐ B.S. ☐ Pharm D. ☐ Other (Specify) ▶

2. Date you received (or expect to receive) an unrestricted license to practice pharmacy (certificate of full registration). ▶ DATE (MONTH/YEAR)

3. Pharmacy School

SCHOOL ATTENDED	LOCATION	ATTENDANCE DATES	YEARS

4. Practical training prior to licensure or certification, internship, etc.

PHARMACY OR INSTITUTION	POSITION	DATES

COMMENTS

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

PART III - CERTIFICATION

I hereby certify that the information given in this application is true and accurate to the best of my knowledge, and that the photograph enclosed is a recent photograph of me.

I understand that (1) falsification of this application, or (2) the submission of any falsified documents to the Missouri Board of Pharmacy, or (3) the submission of any falsified documents to other agencies, may be sufficient cause for the Missouri Board of Pharmacy to reject my application.

I understand that submission of all required documents to the Missouri Board of Pharmacy does not guarantee that I am eligible for licensure in Missouri.

NOTE: Applicant must sign his/her full name in latin characters in the space below, but **ONLY IN THE PRESENCE** of one of the following: A consular Official, First Class Magistrate, Pharmacy School Dean, Pharmacy School Registrar or Notary Public.

Attach One 2" x 2" Photograph Here

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

FOR OFFICE USE ONLY

DOCUMENT	RECEIVED	DOCUMENT	RECEIVED
BIRTH VERIFICATION	☐	CURRENT VISA	☐
PRACTICAL EXPERIENCE	☐	PHOTOGRAPH	☐
NAME CHANGE	☐	FPGEC CERTIFICATION	☐
QUALIFIED FOR ☐ EXAMINATION ☐ RECIPROCITY	DATE	APPROVED	