

**Secretary of State  
Office of Professional Regulation  
BOARD OF PHARMACY  
National Life Building, North, Floor 2  
Montpelier, VT 05620-3402  
[www.vtprofessionals.org](http://www.vtprofessionals.org)**

Attention: Kristy Kemp, Administrative Assistant  
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**PHARMACIST LICENSURE IN THE STATE OF VERMONT**

There are two routes to licensure as a pharmacist, licensure by examination (or score transfer) and licensure by endorsement (transfer) (See Part 2 of the Board's Rules). The instructions for both methods are below.

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**PHARMACIST LICENSURE IN THE STATE OF VERMONT  
LICENSURE ON THE BASIS OF EXAMINATION  
OR SCORE TRANSFER**

The following documents must be submitted:

- Completed Application(s). Complete the Vermont Application and submit it to the Vermont Board of Pharmacy.
- Application fee of \$110.00, payable to Vermont Secretary of State. (Application fees are non-refundable.)
- One verified (notarized) photograph, 2" x 2" (Your photograph may be attached to an 8.5 by 11 sheet of paper on which you sign and have notarized by a notary public.)
- Official transcript(s) showing graduation from an accredited pharmacy school.

Foreign-Trained applicants must submit evidence of having successfully passed the FPGE, TOEFL, and TSE examinations and hold an FPGE certificate. (A copy of your FPGE certificate is acceptable.)

- Evidence of 1500 hours of practical experience. This may be fulfilled by postgraduate experience, supervised practice, and experience gained during participation in college-coordinated externship and clerkship programs. Vermont requires 500 hours of non-school related internship experience. No more than 1000 hours may be acquired concurrently with college attendance in a clinical pharmacy program.  
**Notice: Applicants seeking licensure after January 1, 2012 will be required to have completed not fewer than 1,740 hours of internship.**
  - Provide evidence of internship (rotations) directly from your pharmacy school
  - Provide evidence of non-school related internship experience (500 hours minimum). If earned in Vermont, you must have registered as an Intern and have received Board approval of the internship experience you earned. If your (non-school) internship experience was acquired in another jurisdiction, you must submit evidence that you were registered as an intern in that jurisdiction and that your supervising preceptor was also registered in that jurisdiction. The internship hours you earned may be provided on pharmacy letterhead and signed by you (intern) and your preceptor.

- Successful completion of the North American Pharmacist Licensure Examination (NAPLEX).
- Successful completion of the Multistate Pharmacy Jurisprudence Examination (MPJE).

You may register to sit for the examinations (NAPLEX and/or MPJE) once you submit your application. To register go to [www.nabp.net](http://www.nabp.net). Once registered, the NABP will add your name to the exam roster for Vermont. Once your application(s) are complete and you are deemed eligible, you will be approved to sit for the examinations, and the NABP will send you scheduling information.

- Verification of Licensure from all jurisdictions in which you have held or currently hold a license. Score transfer applicants who hold a license in another jurisdiction must request a Verification of Licensure Standing from the jurisdiction in which licensed. The verification must include your name, date of original licensure, status, expiration date, and reports of disciplinary actions, if applicable. Online verifications are acceptable as long as the required information is provided.

### **LICENSURE ON THE BASIS OF ENDORSEMENT** (*Licensure Transfer*) (Licensed in another jurisdiction)

To become licensed as a pharmacist in Vermont you must complete this Vermont Application for Licensure on the Basis of Endorsement and submit it to the Board. You must also complete the *Licensure Transfer* application from the National Association of Boards of Pharmacy (NABP) which is available via their Web site or by contacting the NABP. National Association of Boards of Pharmacy, 1600 Feehanville Drive, Mount Prospect, IL 60056-6014; Phone: (847) 391-4406; Fax: (847) 391-4502; Web Site: [www.nabp.net](http://www.nabp.net)

The following documents must be submitted:

- Completed Application(s). Complete the Vermont Application and submit it to the Vermont Board of Pharmacy.

You must complete the NABP's preliminary application for Licensure Transfer which is available at [www.nabp.net](http://www.nabp.net). The NABP completes your application, verifies licensure, education, etc. and forwards it to you with further instructions. You then forward your completed NABP application to the Vermont Board of Pharmacy.

- Application fee of \$110.00, payable to Vermont Secretary of State. (Application fees are non-refundable.)
- One verified (notarized) photograph, 2" x 2" (The NABP provides a form for this purpose).
- Verification of Licensure from all jurisdictions in which you have held or currently hold a license. As noted above, the NABP verifies licensure standing in the jurisdictions in which you are licensed at the time you complete the application. If you become licensed in another jurisdiction after submitting the completed NABP Application to the Board, you must request verification of licensure standing directly from that jurisdiction. Verifications of licensure standing must include your name, date of original licensure, status, expiration date, and reports of disciplinary actions, if applicable. Online verifications are acceptable as long as the required information is provided.
- Successful completion of the Multistate Pharmacy Jurisprudence Examination (MPJE).

You may register to sit for the Multistate Pharmacy Jurisprudence Examination (MPJE) at any time during the application process. To register, go to [www.nabp.net](http://www.nabp.net). Once registered, the NABP will add your name to the exam roster for Vermont. Once your application(s) are complete and you are deemed eligible, you will be approved to sit for the examination and the NABP will send you scheduling information.

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**Vermont Board of Pharmacy**

**Application for Licensure as Pharmacist**

Applying on the basis of: \_\_\_\_\_ Examination (or Score Transfer) or \_\_\_\_\_ Licensed in another state (Endorsement)

First Name	Middle Initial	Last Name	Circle One:
			Mr. Mrs. Ms. Dr.
Previous Name(s) (Maiden)			

**Social Security Number:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\*\* (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

**OR**

**Passport Number:** \_\_\_\_\_\*\*\* (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a))

<b>Mailing Address:</b>	<b>P.O. Box</b>	
	<b>Street/Apt #</b>	
	<b>City/State/Zip</b>	
	<b>Country</b>	

<b>911 Address: (if different than mailing)</b>	<b>P.O. Box</b>	
	<b>Street/Apt #</b>	
	<b>City/State/Zip</b>	

<b>Home Phone:</b>	(     )     -     _____	<b>Cell Phone:</b>	(     )     -     _____
<b>Work Phone:</b>	(     )     -     _____	<b>E-Mail:</b>	_____

<b>Date of Birth</b>	<b>Place of Birth (City, State, Country)</b>	<b>Gender: (Circle One)</b>
		<b>Female                  Male</b>

## Vermont Mandatory “Good Standing” Declarations

### Child Support

<b>Child Support Orders, 15 V.S.A. § 795(c): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	I am not subject to a child support order; OR
<input type="checkbox"/>	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.*

### Taxes

<b>Tax Compliance, 32 V.S.A. § 3113(b): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	I have never lived or worked in Vermont and do not owe Vermont taxes; OR
<input type="checkbox"/>	No taxes are due and payable and all required returns have been filed; OR
<input type="checkbox"/>	The liability for any taxes due and payable is on appeal; OR
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/>	I am neither in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

### Unemployment Compensation

<b>Unemployment Compensation, 21 V.S.A. §1378(b): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	This does not apply to me because I have never been an employer in Vermont; OR
<input type="checkbox"/>	No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.

### District Court Fines / Judicial Bureau

<b>Unpaid Judgments, 4 V.S.A. § 1110 (b&amp;c): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	I do not have any unpaid judgments
<input type="checkbox"/>	I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
<input type="checkbox"/>	I am not in good standing.*

\* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

## Vermont Mandatory Credential and Fitness Questions

Circle **Yes** or **No** for each of these questions. If the answer is **Yes**, follow the instructions provided.

Has Vermont or any other state, federal authority, or other jurisdiction (U.S. or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (U.S. or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently under investigation by a licensing authority? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents.</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (U.S. or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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**Note:** Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. § 129a (a)(11).

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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**Profession Specific Information**

Pharmacist Education: Name and location of College or University Attended	Degree Received	Date Graduated

<b>Place of Employment</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone</b>		<b>Fax</b>		<b>E-Mail</b>	

List below every state in which you now hold or have ever held a license to practice pharmacy. State "none" if applicable.

State/Territory/Country	Type of License	Date Issued	Expiration Date	License/Registration No.

**Statement of Applicant**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (3 V.S.A. §2901)

<b>Signature of Applicant</b>	<b>Date</b>