

INSTRUCTION SHEET

PHARMACIST

- Examination for Graduates Educated Inside the U.S. or one of its Territories
- Examination for Graduates Educated Outside the U.S. or one of its Territories
- Endorsement of License
- Restoration of License

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** If you are issued a license, it will expire on March 31 of even-numbered years.

Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination**.

Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.

- NOTE:
- a) If you have successfully completed the NABPLEX Examination and/or the Federal Drug Law Examination (FDLE), are not licensed in another state, and wish to be licensed in Illinois, you may request that NABPLEX send your scores to the Department of Financial and Professional Regulation. Then complete all parts of the **Application for Licensure and/or Examination**. You must request to take the Multistate Pharmacy Jurisprudence Examination and send appropriate examination fee to Continental Testing Services, Inc.
 - b) If you wish to be licensed in Illinois by examination and you have not taken and successfully passed NABPLEX or the Multistate Pharmacy Jurisprudence Examination in any other U. S. jurisdiction follow instructions in Steps 3 and 4, and the instructions below for the Licensure Method-Examination.
 - c) Applicants who have failed either the FDLE or IPLE will now be required to take and pass the Multistate Pharmacy Jurisprudence Examination.
 - d) Candidates who have failed the examination three or more times must obtain remedial education prior to taking the examination again. This remedial training must be approved by the Illinois State Board of Pharmacy prior to the commencement of the training. Contact the Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786, for approval of your planned remedial training.

Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded in **PART I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.

- NOTE:
- a) All applicants must have completed secondary education and a university level five year program of pharmacy education leading to the first professional degree. If the program from which you graduated IS NOT a Pharmacy program approved by the Illinois Department of Financial and Professional Regulation, your program must be evaluated by the Illinois State Board of Pharmacy and the Department of Financial and Professional Regulation. The evaluation process for each pharmacy program consists of an extensive review period and all **Applications for Licensure and/or Examination** received from graduates of unapproved programs during the evaluation process will be held pending a final decision by the State Board of Pharmacy and the Department.
 - b) All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Step 4. If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

EXAMINATION

Graduates Educated Inside the U.S. or one of its Territories

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

1. Supporting Document **ED-PHM** must be completed by the Dean of an approved School of Pharmacy from which your Pharmacy Degree was received and have school seal affixed.
2. If you have ever been previously licensed, Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You must direct the licensing agency/board to return completed form **CT** directly to the applicant.
3. Fee payment amount is indicated on the **REFERENCE SHEET, CHART II**. Fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc.
4. Forward four-page application, supporting documentation, and fee payment to: Continental Testing Services, Inc., P. O. Box 100, LaGrange, Illinois 60525-0100; **OR**
5. **Apply Directly On-Line.** Register for the examination by referring to the Continental Testing Web site (www.continentaltesting.net) for information on how to apply for the examination on-line and pay the test fee by credit card.

* * * * *

EXAMINATION

Graduates Educated Outside the U.S. or one of its Territories

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

1. Submit official transcripts issued by the pharmacy college or university, with school seal affixed. An official translation of the transcript must be submitted if transcript is not in the English language.
2. Submit processing fee payment in the amount of \$75. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. **DO NOT** send in fee for examination as referenced on **REFERENCE SHEET** until such time as you have been advised as to the status of your application for examination. You are referred to Step 3 on the first page of this **INSTRUCTION SHEET** regarding the evaluation process of unapproved pharmacy education programs.
3. Forward four-page application, supporting documentation, and \$75 fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

NOTE: You may contact the Department of Financial and Professional Regulation and inquire as to whether your pharmacy education program is in the process of being evaluated or has already been evaluated by the Board of Pharmacy and the Department.

IMPORTANT: Upon receipt of your application the Department may request additional information from you and the college/university regarding the pharmacy program you attended.

NOTE TO EXAMINATION APPLICANT

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Enclosed is a copy of the Illinois Pharmacy Practice Act of 1987; the Rules for the Administration of the Pharmacy Act of 1987; the Illinois Controlled Substances Act; the Rules for the Administration of the Illinois Controlled Substances Act; and the Hypodermic Syringes and Needles Act.

Copies of the Illinois Formulary and Illinois Food, Drug and Cosmetic Act are available from the Illinois Department of Public Health, Food and Drug Division, 525 West Jefferson Street, Springfield, Illinois 62761, (217)785-2439.

Candidates Review Guides for the NAPLEX and Multistate Pharmacy Jurisprudence Examination (MPJE) may be obtained from the National Association of Boards of Pharmacy, phone (847) 698-6227, or from the Web site, www.nabp.net.

ENDORSEMENT OF LICENSE

Do not complete the enclosed application. Call 217/782-8556 and request that a National Association of Boards of Pharmacy Preliminary Application for Transfer of Pharmaceutic Licensure be mailed to you. This application is also available on the National Association of Boards of Pharmacy website, www.nabp.net.

PHARMACIST RESTORATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

IMPORTANT NOTICE

These Restoration Instructions apply only to those pharmacists whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

NOTE: Based upon the State Board of Pharmacy's evaluation of your application, you may be required to submit additional documentation and a **personal interview** with the State Board of Pharmacy may be required.

1. Supporting Document **CT** must be completed by the jurisdiction of current licensure where you have most recently been practicing. You must direct the licensing agency/board to return completed form **CT** directly to the address indicated in number 9 below.
2. Supporting Document **RS** must be completed. (If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.)
3. If restoring after active military service, submit a copy of DD214.
4. Supporting Document **VE** must be completed by your employer to verify current active practice in another jurisdiction. If self-employed, complete the document on your own behalf.
5. If you are unable to submit supporting document **VE** or form DD214, proof of completion of one of the following must be submitted:
 - a) fifteen (15) clock hours of ACPE approved continuing education for each year the license was expired;
 - b) fifteen (15) clock hours of refresher courses; or
 - c) up to 400 hours of clinical practice under the supervision of a pharmacist;

The course work or clinical training described in b) and c) above must be approved by the Illinois State Board of Pharmacy prior to commencement.

6. All applicants for Restoration of Pharmacist license in Illinois must submit proof of having met the 30-hour requirement of continuing education. All continuing education lectures and courses must be approved by the American Council on Pharmaceutical Education.
7. Fee payment amount is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
8. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

<u>Licensure Methods</u>	<u>Definition</u>
Examination	Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Endorsement of License	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
Acceptance of Examination	Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.
Restoration	Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
Grandfather/Waiver	Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).
Non-examination	Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

PROFESSION NAME	PROFESSION CODE	LICENSURE METHOD	APPLICATION PROCESSING FEE
Registered Pharmacist	051	Examination (CTS)	\$ 89.00
		Pharmaceutical Sciences & Practice (NAPLEX)	\$465.00
Registered Pharmacist	051	Examination (CTS)	\$ 89.00
		Multistate Jurisprudence (MPJE)	\$185.00
Registered Pharmacist	051	Examination (Graduates Educated Outside the U.S.)	See Instruction Sheet
Registered Pharmacist	051	*Endorsement	\$200.00 (Plus cost of MPJE)
Registered Pharmacist	051	Restoration	See Supporting Document RS

***NOTE:** Persons applying by Licensure Method Endorsement are **not** to complete this application. Call 217/782-8556 and request that a National Association of Boards of Pharmacy Preliminary Application for Transfer of Pharmaceutic Licensure be mailed to you.

CHART II - EXAMINATION CODES AND FEES

Since the application for examination is a dual process, you must:

- Complete the Department's licensure/examination application by applying online at www.continentaltesting.net and pay the required administration fee; and
- Register for the examination online with the National Association of Boards of Pharmacy (NABP) at www.nabp.net and pay the required examination fee of \$465.00 for **NAPLEX**, and \$185.00 for **MPJE**.

Once you have completed both processes and are determined eligible you will receive:

- An Authorization to Test (ATT) that will contain the necessary information to schedule yourself for this examination. ***This ATT eligibility lasts for 1 year or 365 days only. You must take the examination within 1 years or 365 days or reapply with new fee.***

CHART III - EXAMINATION DATES - Information will be available once you are approved for the exam.

REQUEST FOR ASSISTANCE

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods Except Examination 217-782-8556 Telecommunication Device for the Deaf (TDD) 217-524-6735 Please allow 3 weeks from mailing your application before making an inquiry concerning its status.	Examination Licensure Method Only 708-354-9911
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Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Pharmacists

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
CT (Certification of Licensure) Form completed by original and current jurisdiction of licensure (if applicable)	
ED-PHM Form--Showing graduation from an approved Pharmacy School (if applicable)	
Official Transcripts issued by school of Pharmacy (non-approved programs only) (if applicable)	
RS Form is required if restoring a license from inactive or nonrenewed status of five years or more (if applicable)	
Copy of DD214 if restoring license from active military service (if applicable)	
CE --Proof of 30 hours of A.C.P.E. approved C.E. (must be acquired within the 2 calendar years prior to application) (if applicable)	

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.

NAME (Last, First, MI):

SS#:

Profession:

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? Yes No Received G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ____ / ____ / ____ Month / Year
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5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8 Graduated? Yes No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM Month/Year	TO Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM Month/Year	TO Month/Year	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information (This part must be completed by all applicants)	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>		
2. Have you been convicted of a felony?		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: Examination Coding Information (This part is for examination applicants only)												
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:												
a) CHART II - Select examination(s) you desire and enter Test Codes. <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr> </table>												
b) CHART III - Select the examination site you desire and enter Test Center Code: <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr> </table>												
c) CHART IV - Find your School of Graduation and enter school code: <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr><td style="border: 1px solid black; width: 150px; height: 20px;"></td></tr> </table>												
d) Record the number of times you have taken this exam in Illinois or any other state: <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr> </table>												

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)
1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court. Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.") Yes <input type="checkbox"/> No <input type="checkbox"/>
2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.) Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes <input type="checkbox"/> No <input type="checkbox"/>

PART IX: Certifying Statement		
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.		
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; text-align: center;"> _____ Signature of Applicant </td> <td style="border: none; width: 50%; text-align: center;"> _____ Date </td> </tr> </table>	_____ Signature of Applicant	_____ Date
_____ Signature of Applicant	_____ Date	
I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.		

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

FOR EXAM USE ONLY

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE _____ / _____ / _____ <small>Month Day Year</small>	2. DATE OF BIRTH _____ / _____ / _____ <small>Month Day Year</small>	3. SOCIAL SECURITY NUMBER _____ - _____ - _____
4. ADDRESS STREET, CITY, STATE, ZIP CODE _____	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Profession Name Profession Code </div>	
6. MAIDEN OR GIVEN SURNAME _____	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (_____) _____ - _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable) _____	8b. LICENSE NUMBER (If applicable) _____	8c. ISSUANCE DATE OF LICENSE (If applicable) _____

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

Name of Licensing Agency or Board

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:

Name of Examination
Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE _____	B. LICENSE NUMBER _____
C. ISSUANCE DATE OF LICENSE _____	D. EXPIRATION DATE OF LICENSE _____
E. LICENSURE METHOD <input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State) _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____ </div> <div style="width: 45%;"></div> </div>	

F. CURRENT LICENSURE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	G. IF LICENSED BY EXAMINATION, RECORD SCORES <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Type of Examination</td> <td style="text-align: right;">Score</td> </tr> <tr> <td>Written</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Practical</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Other (Describe) _____</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Received no Grade Below</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Examination Period _____ days _____ hours</td> <td></td> </tr> </table>	Type of Examination	Score	Written	_____	Practical	_____	Other (Describe) _____	_____	Received no Grade Below	_____	Examination Period _____ days _____ hours	
Type of Examination	Score												
Written	_____												
Practical	_____												
Other (Describe) _____	_____												
Received no Grade Below	_____												
Examination Period _____ days _____ hours													

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

Print Name

Title

Agency/Board Street Address

City, State, ZIP Code

Signature

Date

Area Code ()

Telephone Number

ATTENTION APPLICANT--RETURN EXAM CT TO:

**Continental Testing Services, Inc.
P.O. Box 100
LaGrange, Illinois 60525-0100**

NAME (Last, First, MI):

SS#:

Profession:

M. NUMBER OF CLOCK HOURS OF SUPERVISED CLINICAL PHARMACY, CLERKSHIP OR EXTERNSHIP EXPERIENCE FOR WHICH ACADEMIC CREDIT WAS ISSUED:

Clock Hours _____

N. THE APPLICANT'S FIRST PROFESSIONAL PHARMACY DEGREE PROGRAM HAS BEEN ACCREDITED BY:

The American Council on Pharmaceutical Education

Other: _____

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

P. WHEN THIS FORM IS CERTIFIED PRIOR TO THE ACTUAL GRADUATION OF THE APPLICANT, THE SCHOOL OFFICIAL IS RESPONSIBLE FOR NOTIFYING THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION OF ANY FAILURE ON THE PART OF THE APPLICANT TO COMPLETE THE REQUIREMENTS FOR GRADUATION.

I certify that the information recorded herein is true and correct according to the official records of this institution.

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this ____ day of _____, _____.

Date of Expiration

Signature of Notary Public

RETURN THIS FORM TO APPLICANT