

REQUIREMENTS AND INSTRUCTIONS FOR FILING - PHARMACY INTERN PERMIT

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

APPLICATION FORM AND FEE

Type or print legibly in dark ink. Complete all items. **Attach** the \$10 registration fee (non-refundable) made payable to: COMMERCE AND CONSUMER AFFAIRS.

NOTE: One of the numerous legal requirements that you must meet in order for your intern permit to be issued is the payment of fees as set forth in this application. You may be sent a permit before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored you will have failed to pay the required fee and your permit will not be valid, and you **may not** do business under that permit. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

EDUCATION

Student or graduate of a pharmacy school accredited by the American Council of Pharmaceutical Education, **submit one of the following:**

1. If you are a **student**, have your pharmacy school registrar or dean send **directly** to the Board a **letter stating that you are presently enrolled and have successfully completed at least the first year of pharmacy school (must state date that applicant completed first year)**; you may attach the school's letter to your application provided that the letter is enclosed in a **sealed and unopened** envelope;
- OR**
2. If you are a **graduate**, have your pharmacy school send **directly** to the Board a **certified copy of your official transcript showing graduation date and degree conferred** (you may attach the official transcript to your application, provided that your transcript is enclosed in a **sealed and unopened** envelope).

FOREIGN EDUCATED

Must be a pharmacy school graduate. **Attach** copies of the following to your application form:

1. Foreign Pharmacy Graduate Equivalency Examination (FPGEE), (minimum passing score as established by NABP), **and**
2. Test of English as a Foreign Language (TOEFL), (minimum passing score is 550), **and**
3. Test of Spoken English (TSE); if you did not sit for this exam as part of NABP's Foreign Pharmacy Graduate Examination Certificate (FPGEC) program, have Educational Testing Service send verification of your score directly to the Board (minimum passing score is 50).

Passing scores for the above examinations are those established by the National Association of Boards of Pharmacy ("NABP").

Applicants are to make their own arrangements to sit for the FPGEE, TOEFL and TSE.

For FPGEE contact: Foreign Pharmacy Graduate Examination Commission
700 Busse Highway Phone: (847) 698-6227
Parkridge, IL 60068-2402 www.nabp.org

For TSE **and** TOEFL, contact: Educational Testing Service Phone: (609) 771-7100
P.O. Box 6151 www.ets.org
Princeton, NJ 08541-6151

Note: The Board will ask the NABP to authenticate your FPGEC.

REPORT OF HOURS WORKED

Submit "Experience Statements" forms periodically to the Board. **Keep a copy for your own files.** You will be charged copying fees when you request copies, **and** you will need to wait several weeks for these copies later on.

BOARD'S ADDRESS

Mail all required items to: Board of Pharmacy
DCCA, PVL Lic Br. **or**
P.O. Box 3469
Honolulu HI 96801

Deliver to office location:
335 Merchant St., Room 301
Honolulu HI 96813
Phone: (808) 586-3000

REQUEST FOR VERIFICATION OF INTERN HOURS

Requests for verification of your intern hours that are submitted and are on file with the Board of Pharmacy, must be made in writing. For each request, submit a verification fee of \$15.00. Make check payable to: DCCA.

CONTINUE ON BACK

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

APPLICATION FOR PHARMACY INTERN PERMIT

Type or print legibly in black ink. Failure to provide all the requested information will delay the processing of your application.

Legal Name (First, Middle)	(Last)
Mailing Address (Include apt. no., city, state & zip code)	
Social Security No.	Phone No. (Daytime)
Indicate your status: <input type="checkbox"/> PHARMACIST STUDENT <input type="checkbox"/> PHARMACIST GRADUATE	

FOR OFFICE USE

Approved:	Initials/Date
Date Effective	Registration No.

Circle Answers:

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Have you ever held a pharmacist intern permit in any state or territory of the United States? YES NO
State/Territory(ies) Licensed _____ Date Licensed _____
- 4) Have any of your licenses or permits to practice pharmacy ever been revoked, suspended, or made probationary Or conditional, or otherwise subject to disciplinary action? YES NO
(If "YES", specify state where action took place, penalty imposed and reasons for such action on a separate sheet of paper. Attach copies of the statement of charges and board's final order pertaining to the disciplinary action.)
- 5) Are you presently being investigated or is any disciplinary action pending against you which is directly Related to the practice of pharmacy? YES NO
(If "YES", specify state where action is pending and reasons on a separate sheet of paper.)
- 6) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled Or expunged? YES NO
- 7) Are you a graduate of an accredited school or college of pharmacy? YES NO
 - Provide date your requested official transcripts to be sent **directly** to the Board: _____ .
- 8) Are you currently enrolled in an accredited school or college of pharmacy? YES NO
- 9) Have you successfully completed at least ONE (1) YEAR of pharmacy school? YES NO
 - Provide date you requested verification of successful completion of at least the first year of pharmacy School to be sent **directly** to the Board: _____ .
- 10) Give information regarding the accredited school or college of pharmacy you are a graduate of or presently enrolled at:

Name of Institution _____

Location (City/State/County) _____

Dates of Attendance _____ Expected Date of Graduation: _____

List all pharmacists and pharmacies in Hawaii who will be supervising your work on the reverse side of application.

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of registration and is a misdemeanor (Section 710-1017, Section 436 B-19 and Section 461-21, Hawaii Revised Statutes).

_____ Date _____ Signature of Applicant

Reg 503 \$10
 Service Charge BCF \$25

Applicant Name: _____

- 11) List all pharmacists and pharmacies in Hawaii who will be supervising your work.
(You may submit this information later when you secure definite worksites. Attach additional sheets, if needed):

NAME OF LICENSED PHARMACIST, LICENSE NO., AND LICENSE EXPIRATION DATE	NAME AND ADDRESS OF PHARMACY, LICENSE NO., AND LICENSE EXPIRATION DATE
a)	a)
b)	b)

STATEMENT OF PRACTICAL EXPERIENCE - PHARMACY INTERN

Access this form via website at: www.hawaii.gov/dcca/area/pvl

NOTICE: DO NOT USE THIS FORM if your hours were earned outside the State of Hawaii. (See item 2 below for instructions.)

Instructions & Information:

1. An applicant for initial pharmacist license must submit this statement of practical experience to the Board of Pharmacy for approval.
 - a. Part I is to be completed and signed by both the applicant and the Supervising Pharmacist.
 - b. Part II is reserved for the Board's use only.
 - c. Use typewriter if available or print legibly in black ink except for signature.
 - d. Have two copies of this form completed; **submit** original to Board's office and retain copy for your file. A fee will be charged when you later request copies and verification, with a processing time of approximately 6 weeks.
 - e. Mailing address: Board of Pharmacy
DCCA, PVL, Licensing Br.
P.O. Box 3469
Honolulu, HI 96801

Office location:
335 Merchant St., Room 301
Honolulu, HI 96813

2. Hours earned at out-of-state pharmacies.

To receive credit for work experience gained out-of-state, the applicant must be eligible to work in that state as an intern and shall have either the state board of pharmacy submit verification of the hours of practical experience recorded by that state board, or have the employer submit a notarized statement of employment which reflects the applicant's employment dates, hours worked, and the name, license number and signature of the supervising pharmacist.

PART I. TO BE COMPLETED BY APPLICANT & SUPERVISING PHARMACIST.			
Name of applicant (First-Middle-LAST)		Name of Supervisor (First-Middle-LAST)	
Effective Date of Pharmacy Intern Permit		Pharmacy Intern Permit	
Date Practical Experience (Mo.-Day-Year) Began:		Total Hours	
Ending:		Address of Pharmacy	
Certification Signatures. This is to certify that the above applicant worked under the immediate supervision of the above-named pharmacist selling drugs, filling prescriptions, preparing pharmaceutical preparations and keeping records and making reports required under state and federal statutes.			
Signature of Applicant		Signature of Supervisor	
Date		Date	

PART II. TO BE COMPLETED BY BOARD ONLY.	
Information in the above statement indicates experience acceptable to the Hawaii State Board of Pharmacy as internship training.	
Date	Executive Officer Board of Pharmacy State of Hawaii