

# REQUIREMENTS AND INSTRUCTIONS FOR FILING - PHARMACY INTERN PERMIT

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

## APPLICATION FORM AND FEE

Complete on-line fillable form or print legibly in dark ink. Complete all items. **Attach** the \$10 registration fee (non-refundable) made payable to: **COMMERCE AND CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)

**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 Accreditation Council for Pharmacy 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**. 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](http://www.nabp.org)**

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

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

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**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:

Deliver to office location:

Board of Pharmacy  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

OR

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

**REQUEST FOR VERIFICATION OF INTERN HOURS**

Request 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: **COMMERCE AND CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)

**RELEASE OF INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on "**Release of Information to Third Party**", sign, and date it.

**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

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Complete the on-line fillable form 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 and zip code):		
<b>PERSONAL</b> E-mail Address:		
Social Security No.:	Date of Birth.:	Phone No. (daytime):
Indicate your status: <input type="radio"/> PHARMACIST STUDENT <input type="radio"/> PHARMACIST GRADUATE		

FOR OFFICE USE ONLY	Approved <input type="checkbox"/> Initials/Date:	
	Date Effective:	Registration No.

**Check 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. Have you ever been convicted of a crime in any jurisdiction that 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  
  - Provide date you requested verification of your current enrollment from your pharmacy school to be sent **directly** to the Board: \_\_\_\_\_
9. 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 page 2 of this application.**

(CONTINUED ON PAGE 2)

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

10. 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.

**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 436B-19 and Section 461-21, Hawaii Revised Statutes).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Release of Information to Third Party**

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date