



**PRACTICAL EXPERIENCE**

1500 hours required-400 of these must be completed with an emphasis on the distribution of medicines, prescriptions and medical supplies. These 400 hours can be obtained through school rotations as part of the curriculum.

**RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT**

**IN YOUR OWN HANDWRITING, WRITE (WORD FOR WORD) THE FOLLOWING STATEMENT, IF TRUE, OR EXPLAIN SUCH CHARGES:**

“I have never been arrested and/or convicted of a felony or misdemeanor, excluding a minor traffic conviction.” \_\_\_\_\_

Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details \_\_\_\_\_

(If additional space is needed for details, please attach separate sheet)

Please give daytime telephone number ( ) \_\_\_\_\_

Please give current email address \_\_\_\_\_

**NOTE: ALL CORRESPONDENCE WILL BE THROUGH THIS EMAIL ADDRESS**

**PREVIOUS EXAMINATION/LICENSURE RECORD**

**If applicant has previously taken Board examination for Registered Pharmacist license in this state or any other state he/she must disclose places, dates and results in following spaces:**

					YES	OR	NO
(Name of state)	(Date of exam)	(Passed/Failed)	(Date acquired)	(License #)	(In good standing?)		
					YES	OR	NO
(Name of state)	(Date of exam)	(Passed/Failed)	(Date acquired)	(License #)	(In good standing?)		

**VOUCHERS AS TO MORAL CHARACTER**

I hereby certify that I have been personally acquainted with \_\_\_\_\_  
for \_\_\_\_\_ months and that to the best of my knowledge and belief \_\_\_\_\_  
is of good moral character and temperate habits. I hereby recommend him/her as being, in all  
respects touching \_\_\_\_\_ moral character, worthy to be licensed to practice  
pharmacy in Alabama.

Signed \_\_\_\_\_

Address \_\_\_\_\_

I hereby certify that I am a registered pharmacist in good standing in the State of \_\_\_\_\_

License number being \_\_\_\_\_.

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I hereby certify that I have been personally acquainted with \_\_\_\_\_  
for \_\_\_\_\_ months and that to the best of my knowledge and belief \_\_\_\_\_  
is of good moral character and temperate habits. I hereby recommend him/her as being, in all  
respects touching \_\_\_\_\_ moral character worthy to be licensed to practice  
pharmacy in Alabama.

Signed \_\_\_\_\_

Address \_\_\_\_\_

I hereby certify that I am a registered pharmacist in good standing in the State of \_\_\_\_\_

License Number being \_\_\_\_\_.

**PROOF OF QUALIFICATIONS**

To substantiate education and character, I submit the necessary affidavits which form a part of this application. A photograph properly identified and a certified copy of birth certificate are also submitted. I \_\_\_\_\_ do solemnly swear and affirm that I have personally filled in this form, and that the information in the foregoing paragraphs is true and correct to the best of my knowledge and belief. \_\_\_\_\_

(Applicant sign name here in full)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A. D, 20 \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

**ALABAMA STATE BOARD OF PHARMACY  
111 VILLAGE STREET  
BIRMINGHAM, AL 35242**

**COLLEGE AFFIDAVIT**

**DOCUMENT MUST BE COMPLETED BY DEAN OF THE COLLEGE OF PHARMACY, DEAN'S DESIGNEE OR REGISTRAR**

**This is to certify that pharmacy student, (name) \_\_\_\_\_**

**attended the College of Pharmacy, (name) \_\_\_\_\_**

**From: (date) \_\_\_\_\_ To: (date) \_\_\_\_\_**

**The degree awarded is: \_\_\_\_\_ Graduation Date: \_\_\_\_\_**

**In signing this document the college of pharmacy attests that this student has completed all required course work including didactic and practical, as required by ACPE standards.**

**Total curricular hours completed: \_\_\_\_\_**

**Total practical hours as a component of total curricular hours: \_\_\_\_\_**

**In signing this document the college of pharmacy attests that this student has completed a minimum of 400 hours of traditional practice in school related experiences gained after the second professional year.**

**Signature \_\_\_\_\_  
Dean or Registrar**

**Address: (Street) \_\_\_\_\_**

**Address 2: \_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_**

**SCHOOL SEAL HERE**

## GENERAL INFORMATION AND INSTRUCTION SHEET

SUBMIT THE FOLLOWING TO THE  
ALABAMA STATE BOARD OF PHARMACY  
111 VILLAGE STREET  
BIRMINGHAM, AL 35242  
[www.albop.com](http://www.albop.com)

- 1) Alabama State Board of Pharmacy Application for Licensure Examination (6 pages) with a \$300.00 fee. NOTE; This includes SCORE TRANSFER Students
- 2) Two (2) PASSPORT photos with the notarization statement (page 6 of packet) attached to the back.
- 3) A legible copy of official birth certificate. Souvenir hospital or baptismal certificates are not acceptable.
- 4) A legible copy of your Driver's License.
- 5) If you were born outside the United States you must also send a copy of your Passport, Social Security Card and your PROOF OF CITIZENSHIP. (If not a citizen of the U.S. you must present appropriate documentation from the federal government that you are legally present in the U. S.)

Go to [www.nabp.net](http://www.nabp.net) to register for the NAPLEX and MPJE.

Go to [www.nabp.net](http://www.nabp.net) for test results.

You are required to interview with the Board Members. You will be notified of a scheduled interview date and time after you have passed all required exams.

The Code of Alabama, "Practice of Pharmacy Act" and the "Controlled Substance Act" are available at no charge on our website [www.albop.com](http://www.albop.com) or for purchase from this office for a \$10.00 fee.

# PHOTOS

**Instructions for submitting photographs:**  
Each applicant who applies for license by examination must affix 2 PASSPORT photos below:



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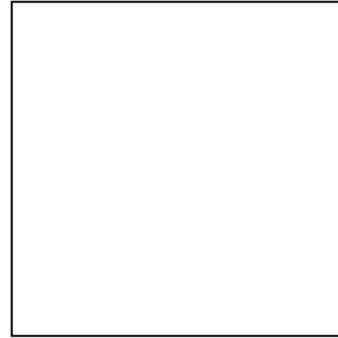
(Signature of applicant whose photo is attached above)

**Witness that attached photo is a true likeness of applicant whose signature appears above:**

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(Notary Public)

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(Signature of applicant whose photo is attached above)

**Witness that attached photo is a true likeness of applicant whose signature appears above:**

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(Notary Public)