THE RECIPROCITY PROCESS

REQUIREMENTS

In order to reciprocate to Arkansas, the applicant must have an active, original pharmacist license in any state other than California and must have been licensed for at least six months.

The applicant will need to:

- Contact NABP at www.nabp.net and complete the Licensure Transfer Application (Referred to as the NABP application).
- Complete the Arkansas Application For Pharmacist Licensure By Reciprocation (Referred to as the ASBP Application).
- If the applicant will be physically practicing pharmacy inside the state of Arkansas, you will need to submit to a state and federal criminal background check (CBC).

Every applicant must come to Arkansas to:

- Take the Arkansas Jurisprudence Examination (We do not recognize the MPJE).The Jurisprudence Exam is a paper and pencil exam that consists of 100 questions, true/false and multiple choice. A minimum score of 70 is required.
- Meet with the Board.

BOARD MEETING

A completed ASBP application MUST be on file before the applicant may attend the board meeting. You may find upcoming exam and board meeting dates, times, and deadlines here. The attire is business casual.

YOU MUST CONTACT THE BOARD AT asbp@arkansas.gov BY THE DEADLINE OF THE MEETING YOU WISH TO ATTEND IN ORDER TO SECURE A SEAT. REQUESTS TO ATTEND THE UPCOMING EXAM AND MEETING RECEIVED AFTER THE DEADLINE WILL BE DENIED.

If all requirements are met at the time of the board meeting, a license will be issued after approval by the board that same day.

If any portion of the NABP application or the CBC results is deficient, the applicant will be approved “pending completion of the application process”. This means that once all of the documentation is submitted, a pharmacist license will be mailed to the applicant.

TEMPORARY LICENSE

It is possible to obtain a temporary license between board meetings. In order to do this, the applicant must have ALL of the required documentation submitted. This includes the results of the state and federal criminal background check (if applicable), as well as the NABP application and the ASBP application and all of its components. Once everything has been submitted, the applicant may set up a time to come to Arkansas to take the law exam and meet with a single board member. A temporary license will be issued that will expire at the next regularly scheduled board meeting. At that time, the applicant would have to return to Arkansas and meet with the full board. PLEASE NOTE THAT A TEMPORARY LICENSE WILL REQUIRE TWO TRIPS TO ARKANSAS.

Arkansas Application for Pharmacist Licensure by Reciprocation Instructions

Carefully follow the directions on this application form.

The registration and application fees are NOT refundable.

Submit the following documents and fees:

1. A photocopy of your driver's license with this application. If you do not have a driver's license, you may substitute another form of picture identification, such as a passport or state ID card.

2. A photocopy of your birth certificate.

3. A passport style photo should be attached to the top of page 1 of this application.

4. A check or money order made payable to the Arkansas State Board of Pharmacy for your application for a pharmacist license. Licenses are issued biennially.
   a. If you will receive your license in an even numbered year (i.e. 2014, 2016, 2018) the fee is $275.00 and your license will expire on December 31 of the next odd numbered year (i.e., 2015, 2017, 2019);
   b. If you will receive your license in an odd numbered year (i.e. 2015, 2017, 2019) the fee is $200.00 and your license will expire on December 31 of the current year.

5. Proof of fifteen (15) hours of Continuing Education (CE) from the past year (or two years ago if your home state renews biennially). **ONLY SUBMIT PROOF OF 15 HOURS OF CE.** Please note that any CE submitted for the purposes of this application will be placed in your file and **CAN NOT** be submitted for the renewal of this license once it is issued.

6. **If applicable** – The AR State Police/ FBI Criminal Background Check form and fingerprint card. If you will practice pharmacy while physically present in the State of Arkansas, you must complete a criminal background check. If you do not plan to practice pharmacy while physically present in Arkansas, you can omit the criminal background check, fingerprint card, and associated fees, but you will be required to complete the "No Practice" statement included with this application.
   - You must submit a completed and notarized AR State Police/ FBI Criminal Background Check form and a completed fingerprint card. Please contact the Board at asbp@arkansas.gov if you need this form. You MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting. You can obtain this card at your local police department, sheriff's office, state police office, or you can contact the State Board of Pharmacy office to have one sent to you.
   - A check made payable to the Arkansas State Board of Pharmacy in the amount of $38.50 for the state and federal criminal background checks.

Your application is NOT considered complete until all supporting documents and fees have been received by the Arkansas State Board of Pharmacy.

Completion of this application form is necessary for consideration for a license by reciprocity as a pharmacist pursuant to Arkansas Pharmacy Law and Regulation. Disclosure of this information is voluntary. However, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for licensure, renewal, and/or examination have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction.

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201
501-682-0190 ◆ Fax 501-682-0195
www.pharmacyboard.arkansas.gov

TAPE A
RECENT PHOTOGRAPH
IN THIS SPACE

ARKANSAS APPLICATION FOR PHARMACIST LICENSURE BY RECIPROCATION

The Arkansas State Board of Pharmacy is **required** under 42 USC § 666(a)(13) and Ark. Code Ann § 17-1-104 to obtain the social security numbers of all licensees to provide to the Arkansas Office of Child Support to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans. Your social security number will also be used for the required criminal background investigation.

PART I: APPLICANT INFORMATION

SOCIAL SECURITY NUMBER: | **GENDER:** (check one) ☐ Male ☐ Female

RACE: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian / Alaska Native ☐ Other: _____

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

NAME: Last First Middle Suffix (Jr.)

OTHER NAMES USED: Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.

DATE OF BIRTH: **PLACE OF BIRTH** (list city, county, state or other jurisdiction, country):

PHYSICAL ADDRESS: (Street, City, State, Zip)

MAILING ADDRESS: if different from address listed above.

HOME PHONE NUMBER: ( ) **WORK PHONE NUMBER:** ( )

CELL PHONE NUMBER: ( ) **FAX PHONE NUMBER:** ( )

EMAIL:

CITIZENSHIP:

a. Are you a Citizen of the United States? YES ☐ NO ☐

b. If you answered NO to question 19 (a) above, are you: (Please check one of the following.)

- ☐ a qualified alien (as defined in 8 U.S.C. § 1641.)
- ☐ a nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 et seq.)
- ☐ an alien who is paroled into the United States under 8 U.S.C. § 1182 (d)(5) for less than one year.
- ☐ other – please provide a detailed explanation.

PART II: EMPLOYMENT INFORMATION

Will you practice pharmacy while physically present in the State of Arkansas? YES ☐ NO ☐

EMPLOYER:

EMPLOYER ADDRESS:
(Street, City, State, Zip)

PHONE: **FAX:**

WEBSITE:

Is your employer currently licensed by the Arkansas State Board of Pharmacy? YES ☐ AR License #: NO ☐

FOR OFFICE USE ONLY

Fee Submitted: _____ Check No.: _____ License #:

PART III: QUALIFICATIONS AND IDENTIFICATION

School of Pharmacy Graduated: _____

Pharmacy Degree(s) Earned: _____

Date of Graduation: _____

PART IV: PERSONAL HISTORY INFORMATION

You must respond fully and truthfully to these questions and, if the answer is "Yes" to any part of these questions, you **must** provide a notarized written detailed explanation of the circumstances.

You must fully and truthfully report your criminal history whether or not the arrest/citation was dismissed, dismissed through drug court diversion, expunged under the first offender act, alternative sentencing act, Act 531, Act 305,or Act 346 or it happened over 5 years ago. This criminal history includes all DWI, DUI, and MIP (Minor in Possession) violations, possession of controlled substances, theft, shoplifting, domestic violence, assault violations, or any other violation of any state or federal law, whether misdemeanor or felony, and regardless of the state or territory in which it happened.

If you do not fully and truthfully report your history, your application will be denied and/or you will be subject to other sanctions. Please contact the Arkansas State Board of Pharmacy at 501-682-0190 if you do not understand the above information.

Have you had any application for any professional license or registration refused or denied by any licensing authority?	YES ☐	NO ☐
Have you ever voluntarily surrendered a professional license or registration?	YES ☐	NO ☐
Have you ever been the subject of a disciplinary action with regard to any license or registration?	YES ☐	NO ☐
Have you ever had a license or registration revoked, suspended or subjected to other disciplinary action?	YES ☐	NO ☐
To your knowledge, have any unresolved or pending complaints ever been filed against you with any professional licensing agency or association?	YES ☐	NO ☐
Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority?	YES ☐	NO ☐
Have you ever been cited, arrested for, charged with, or convicted of (including a *nolo contendere* plea or guilty plea) a criminal offense in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended?	YES ☐	NO ☐
Have you ever been pardoned from a criminal conviction?	YES ☐	NO ☐
Have you ever had a record expunged?	YES ☐	NO ☐
Have you ever been cited, arrested for, charged with, or convicted of (including a nolo contendere plea or guilty plea) a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES ☐	NO ☐
Are you now or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	YES ☐	NO ☐
Do you currently have an alcohol or other substance abuse problem?	YES ☐	NO ☐
Within the last five (5) years have you had a license or certification revoked or suspended, other disciplinary action taken, or an application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country?	YES ☐	NO ☐

PART V: CERTIFICATIONS

Please read carefully and sign below.

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license. I hereby certify under penalty of perjury under the laws of the State of Arkansas to the truth and accuracy of all statements and representations made in this application and that I personally completed the application. I understand that I must notify the Board in writing of any change of address or employment. I have read and understand the instructions and statements on this application.

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct and complete to the best of my knowledge, and that the copy of my driver's license or other identifying photographic identification attached hereto is a true likeness of myself. I authorize the Arkansas State Board of Pharmacy to review state files pertaining to my registration and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Arkansas State Board of Pharmacy.

_____

Signature of Applicant (Full Legal Name) Date Signed

The registration and application fees are NOT refundable.

Send the completed application AND APPROPRIATE FEES (see below) to:

Arkansas State Board of Pharmacy, 322 South Main Street, Suite 600, Little Rock, AR 72201

Application Fees

Please make your check or money order payable to the: Arkansas State Board of Pharmacy

If you will receive your license in an even numbered year (i.e. 2014, 2016, 2018) the fee is $275.00 and your license will expire on December 31 of the next odd numbered year (i.e., 2015, 2017, 2019);

If you will receive your license in an odd numbered year (i.e. 2015, 2017, 2019) the fee is $200.00 and your license will expire on December 31 of the current year.

If applicable - $38.50 for the state and federal criminal background checks. These may be combined with the above fees into one check.

NO PRACTICE STATEMENT
(FOR RECIPROCITY APPLICANTS)

If you answered NO to the question "you will not be practicing pharmacy while physically present in the State of Arkansas"- you must complete this form in order to forgo the state and federal criminal background checks. Please be sure to have it notarized.

I am not going to work as a pharmacist while physically present in the state of Arkansas at this time, and I realize that I must submit a criminal background check application to the Arkansas State Board of Pharmacy before I practice pharmacy while physically present in the state of Arkansas.

Signature of Applicant Printed Name of Applicant

For Notary Use:

State of _____

County of _____

Sworn to before me on this _____ day of _____, _____
day *month* *year*

My commission expires _____

NOTARY SEAL _____ Notary Public
Signature

Pharmacist Name: _____

QUESTIONS FOR RECIPROCITY CANDIDATES

1. Why are you seeking licensure in Arkansas?

_____

_____

_____

2. Who is your current employer? (Please provide name, address and telephone)

_____

_____

_____

3. Describe the nature of your operation in detail.

_____

_____

_____

_____

_____

_____

_____

_____

4. In what state(s) are you licensed? _____

5. What day did you last work as a pharmacist in a pharmacy setting? _____

6. Do you practice in a pharmacy that fills orders received on an Internet site? YES ☐ NO ☐
If **Yes**, what is the website? _____

7. Do you practice in a pharmacy that has a business agreement to fill prescriptions for a website? YES ☐ NO ☐
If **Yes**, what is the website? _____

8. Does your employer have a website? YES ☐ NO ☐
If **Yes**, what is the website? _____

Please explain any **"Yes"** answers from the questions above:

_____

_____

_____

_____

_____

_____

9. Do you practice in a pharmacy that compounds prescription drugs? YES ☐ NO ☐
If yes, you'll also need to fill out a compounding questionnaire. You can find it online here:
http://pharmacyboard.arkansas.gov/licenseeInfo/Documents/formsInstructions/CompoundingQuestions.pdf

Applicant's Signature_____