

Your interest in becoming licensed as a pharmacist in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please be advised that giving inaccurate, incomplete, false or misleading information in this application may result in denial of licensure and/or disciplinary action. Please take note that fees cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a Pharmacist license or Pharmacist Intern registration in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

## **THE APPLICATION PROCESS**

Upon submission of the required application documents, the DC Board of Pharmacy will review your application. The Board of Pharmacy meets the first Thursday of each month. The Board will determine if your application meets the requirements for licensure or registration, as well as if you meet the qualifications to take the NAPLEX and MPJE- Jurisprudence examinations. Upon final board approval, you will be issued a license to practice pharmacy in the District of Columbia or registered to begin your pharmacy internship.

### Pending License Applications

If you submit an application that is incomplete or otherwise deficient, the processing of your application will be delayed. The Health Professional Licensing Administration (HPLA) staff will notify you in writing of the deficiencies in your application. Pursuant to 17 DCMR 4001.4 and 4001.5, if you fail to correct the deficiency within thirty (30) days after being notified, the Board may close your application file and require you to submit a new application and pay the required fees in order to be considered for licensure or registration. Likewise, you will also be notified in writing if the Board has questions or concerns regarding your application.

## **WHERE TO FILE**

All documents should be sent to the following address:

Department of Health  
Health Regulation and Licensing Administration  
Board of Pharmacy  
P.O. Box 37803  
Washington, DC 2013  
<https://dchealth.dc.gov/service/pharmacy-licensure>

If you have any questions, call HPLA's Customer Service toll free line at 877-672-2174 between 8:15 a.m. and 4:40 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect payment will be returned in their entirety, including payment to the applicant. Please print or type all information except signatures.

## FILING DEADLINES AND EXAMINATIONS

**All Applicants must be approved by the Board prior to registering to take the NAPLEX or MPJE-Jurisprudence examinations. After you receive Board approval to sit for the NAPLEX and/or MPJE examinations, you are responsible for contacting the National Association of Boards of Pharmacy (NABP) to register for the examinations and must arrange to have your exam results sent to the Board.**

### NAPLEX- National Examination

All applicants must have taken and received passing scores on the North American Pharmacist Licensing Examination (NAPLEX). All applicants must also have taken and received passing scores on the Multistate Pharmacy Jurisprudence Examination (MPJE) for the District of Columbia. Passing scores on the NAPLEX and MPJE examinations shall be the passing score as determined by the National Association of Boards of Pharmacy (NABP), on each test that forms a part of the examinations. Applicants shall arrange to have their scores forwarded to the Board of Pharmacy by the NABP.

For information regarding the qualifications to take the national examinations, exam dates, location, fees and registration bulletins, please contact NABP at:

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY  
1600 Feehanville Drive  
Mount Prospect, IL 60056 Telephone ± (847) 391-4406  
Web Site  
[www.nabp.pharmacy](http://www.nabp.pharmacy)

### MPJE - District of Columbia

All applicants must take and receive a passing score on the MPJE pharmacy jurisprudence examination.

## GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a pharmacy license in the District of Columbia shall meet the following requirements:

1. The Applicant must be at least 18 years of age
2. The Applicant must not have been convicted of a crime involving moral turpitude or of a crime which bears directly on the applicant's fitness to be licensed.
3. Submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or type photos large Polaroid.
4. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
5. Re-Exam applicants are not required to submit photos.
6. Complete Criminal Background Check procedures. **(Effective January 3, 2011)**

### ADDITIONAL REQUIREMENTS FOR APPLICANTS APPLYING BY EXAMINATION

In addition to meeting the “General Requirements for All Applicants,” all applicants for licensure by examination must submit the following in order to be considered for licensure:

1. Official transcript(s) mailed directly from each educational institution showing that the applicant has successfully completed an educational program in the practice of pharmacy and holds a Bachelor of Science or Doctorate of Pharmacy degree from a School of Pharmacy accredited by the American Council of Pharmaceutical Education (ACPE) at the time the applicant graduates;
2. Foreign-trained applicants must submit a Foreign Pharmacist Graduate Examination Certificate (**FPGEC**) in lieu of the official transcript;
3. All applicants must submit certificate of graduation or official transcript documentation which reflects that the applicant has successfully completed a pharmacy internship consisting of one of the following:
  - a. One thousand (1,000) hours of pre-licensure professional practice in a program administered by a college of pharmacy accredited by ACPE at the time the applicant graduated; or
  - b. One thousand five hundred (1,500) hours of independent pre-licensure professional practice under the supervision of a licensed pharmacist as required in Title 17 DCMR 6501; or
  - c. Two (2) rotations totaling six hundred and sixty (660) hours of pre-licensure professional practice administered by a college of pharmacy accredited by ACPE at the time the applicant does the internship and five hundred and ten (510) hours of independent pre-licensure professional practice under the supervision of a licensed pharmacist as required in Title 17 DCMR 6502.
  - d. Starting with the graduating class of 2014, in addition to the requirements of § 6502.1(b) of this chapter, each applicant for a pharmacist license shall submit proof of having completed an additional four hundred (400) hours of independent pre-licensure practice in a pharmacy setting with the emphasis being on the distribution of medicines and prescriptions.
4. All applicants must pass the NAPLEX examination and arrange to have their passing score results sent to the Board from NABP; and
5. All applicants must pass the MPJE jurisprudence examination for the District of Columbia and arrange to have their passing score results sent to the Board from NABP.
6. All applicants must successfully complete both the NAPLEX and MPJE examinations within one (1) year from after the date that the applicant receives his or her approval letter from the Board to take the examinations.

### ADDITIONAL REQUIREMENTS FOR APPLICANTS APPLYING BY SCORE TRANSFER

In addition to meeting the “General Requirements for All Applicants,” all applicants for licensure by score transfer must submit the following in order to be considered for licensure: All applicants applying to the District of Columbia by score transfer **must** have requested to transfer his or her scores to the District of Columbia. There are no exceptions to this requirement.

1. All applicants must pass the MPJE jurisprudence examination for the District of Columbia and arrange to have their passing score results sent to the Board from NABP.
2. All applicants must successfully complete the MPJE examination for the District of Columbia within six (6) months from after the date that the applicant receives his or her approval letter from the Board to take the examination.

## REQUIREMENTS FOR APPLICANTS APPLYING BY RECIPROCITY WITH LICENSURE TRANSFER

In addition to meeting the “General Requirements for All Applicants,” all applicants for licensure by reciprocity must submit the following in order to be considered for licensure:

1. Submit the NABP licensure transfer form with your application or state you have applied to have the form sent to the DC Board of Pharmacy.
2. All applicants must pass the MPJE jurisprudence examination for the District of Columbia and arrange to have their passing score results sent to the Board from NABP.
3. All applicants must successfully complete the MPJE examination for the District of Columbia within six (6) months from the date that the applicant receives his or her approval letter from the Board and have their passing score results sent to the Board from NABP.

## REQUIREMENTS FOR APPLICANTS APPLYING BY RECIPROCITY WITH WAIVER OF LICENSURE TRANSFER

**Only Applicants who were previously licensed in the District of Columbia to practice pharmacy may apply for licensure by reciprocity with waiver of licensure transfer.**

In addition to meeting the “General Requirements for All Applicants,” all applicants for licensure by reciprocity must submit the following in order to be considered for licensure:

1. Submit proof of previous licensure in the District of Columbia to practice pharmacy.
2. Submit verification of current licensure in another state to practice pharmacy.

## REQUIREMENTS FOR REGISTRATION OF PHARMACY INTERNS

This section shall apply to all pharmacy interns who are performing independent, pre-licensure professional practice in satisfaction of the internship required by Title 17 DCMR § 6502.1(b)(2) and (b)(3) under the direct supervision of a pharmacist in the District of Columbia.

**All Pharmacy interns performing an internship pursuant to Title 17 DCMR § 6502.1(b)(2) and (b)(3) must be registered with the Board before starting an internship.** You will not be granted any credit for hours completed prior to registration and you may be subject to a fine or disciplinary action for hours worked prior to registration. **There is no exception to this requirement.**

To register to perform a pharmacy internship, all applicants must meet the following requirements:

1. The Applicant must be at least 18 years of age; and
2. The Applicant must not have been convicted of a crime involving moral turpitude or of a crime which bears directly on the applicant's fitness to be licensed.
3. Submit a completed and signed application.
4. You must submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or large Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number.
5. Foreign-trained applicants must submit a Foreign Pharmacist Graduate Examination Certificate in lieu of the official transcript.
6. Submit a completed preceptor form signed by your preceptor. Note: Pharmacy Interns performing IPPE's and APPE's are waived of the current requirement to have a pre-assigned preceptor.

Please be reminded that this applies only to students completing an IPPE or APPE. Any pharmacy intern working in a District of Columbia pharmacy outside of the structured program of an IPPE or APPE must comply with the regulations as published.

## COMPLETING THE LICENSE APPLICATION

### Section 1. Requested License Type / Fees

- a. The methods for becoming licensed as a pharmacist in the District of Columbia are outlined below. The one letter code/abbreviation for each origin is indicated in parenthesis. Check the correct description in section one of your new license application.

Examination (E)	Recent Pharmacy Graduates who have not yet taken the North American Pharmacist Licensing Examination (NAPLEX) administered by the National Association of Boards of Pharmacy (NABP) and will be registering to take the NAPLEX in the District of Columbia.
Score Transfer (S)	Applicants who have been approve to take the NAPLEX by another state board of Pharmacy and are transferring the results to the District of Columbia. The applicants must have requested to have their score transfer sent directly to the District of Columbia at the time they applied to sit for the NAPLEX.
Reciprocity (R)	Applicants who hold a license in good standing in another state or territory of the United States
Reciprocity w/ Waiver of Licensure Transfer (W)	Applicants who were previously licensed in the District of Columbia and are presently licensed in good standing in another state or territory of the United State
Pharmacy Intern (I)	Recent Pharmacy Graduates who are completing the required pre-licensure professional practice pursuant to Title 17 DCMR 6502.1(b)(2) and (b)(3).

- b. The abbreviation for the license/registration type for which you are applying for is provided in section one (1) of the application. The following license/registration types are available under the Board of Pharmacy:

License/Registration Abbreviation	License/Registration Description
PH	Pharmacist
PHI	Pharmacist Intern
VAC	Vaccination and Immunization Certification

- c. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order up to five (5) duplicate licenses (for a \$34 fee each, etc.). Check the “duplicate licenses” box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.
- d. You may pay the application and license/registration fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer and submitted with your license application packet. **DO NOT** send cash. Please print your name on your check, if it is not pre-printed.

**All fees are nonrefundable.** The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below.

**FEE  
MATRIX**

LICENSE OR REGISTRATION TYPE	APPLICATION METHOD	APPLICATION FEE	LICENSE FEE	TOTAL DUE*
PH	Examination (E)	\$85	\$195	\$280*
PH	Score Transfer (S)	\$85	\$195	\$280*
PH	Reciprocity (R)	\$85	\$195	\$280*
PH	Reciprocity w/ Waiver (W)	\$85	\$195	\$280*
PH	MPJE Re- Examination	\$85	N/A	\$85*
PH	Vaccination and Immunization Agent	\$50	N/A	\$50
PHI	Pharmacy Intern	\$50	N/A	\$50*

\*The **Total Due** amount is the fee that must be paid for your DC license or registration to be processed. Your new license fee or registration fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

\*\*All licensees in the District of Columbia must complete a State and FBI Criminal Background Check (CBC). If you have not completed a CBC that was reported to the Health Professional Licensing Administration, contact MorphoTrust (formerly L-1) at 1-877-783-4187 or by visiting

<http://www.L1ENROLLMENT.com>. Please visit the [CBC website http://doh.dc.gov/service/criminal-background-check](http://doh.dc.gov/service/criminal-background-check) for additional instructions. **You must begin your new license application before scheduling your criminal background check.** If the Board receives evidence of an arrest or conviction, you will be asked to provide court documents.

Renewal of Licensure:

**DC Pharmacists licenses expire on February 28th of odd numbered years regardless of when initial license.** Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately two (2) months before the expiration of your license. Upon completion of the renewal application and payment of the renewal fee, your license will be renewed for a two-year period.

Please take note that you are required by DC law to report all changes of your business or residential address to the Board within thirty (30) days of change. HPLA will update the address change in your database record. Requests for address change should be submitted in writing. Send the letter to DOH/HPLA, Board of Pharmacy to 899 North Capitol Street, NE Washington, DC 20002. If you fail to update your address, you may not receive your renewal notice.

For applicants enrolled in a college of pharmacy at the time of registering as an intern, a registration as a pharmacy intern shall be valid until whichever of the following occurs first:

- (a) While he or she is enrolled in a pharmacy program and for not more than one year after his or her graduation from the pharmacy program; (b) Until such intern is expelled, suspended, dismissed or withdraws from an approved pharmacy program; or (c) Until such intern becomes licensed as a pharmacist

## **Section 2. Applicant Name / Demographic Information**

Enter your legal name exactly as it should appear on the license. Pursuant to D.C. Code Section 3-1205.05(b)(2001)(Health Occupations Act), applicants are required to provide a Social Security Number on applications for professional license. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. All applicants must be at least 18 years of age.

## **Section 3. Supporting Document Required**

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package **or** requested to be sent under separate cover to DOH/HPLA, Board of Pharmacy.

Place an "X" in the "NO" box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

## **Section 4. Previous Names**

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

## **Sections 5A. & B. Home Address/Business Address**

Include both your home and business addresses in the sections provided. If you provide a PO Box for one of the addresses, a street address is required for the other address. The listed business address will be made available to the public.

You are required by regulation to report all changes of your business or residence address to DOH/HPLA, Board of Pharmacy within thirty (30) days of the change. Should you fail to advise us in writing of your current addresses, you may not receive your renewal notice.

## **Section 5C. Preferred Mailing Address**

Place in the in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents and correspondence will be mailed.

## **Section 6A. Professional Schools Attended**

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants must demonstrate educational qualifications by arranging for the educational institution from which the applicant received a degree to send an official transcript to the applicant. The applicant should then submit the transcript in the original sealed envelope with the license application to the DC Board of Pharmacy. Some universities' policies may require sending the transcript directly to the board, but it is preferred that it accompany the license application. Foreign-trained applicants must submit a Foreign Pharmacist Graduate Examination Certificate in lieu of an official transcript.

### **Section 6B. Postgraduate Experience**

List all experience since graduation from college, university and professional school in reverse chronological order, beginning with the most recent at the top. Internship hours should be documented in this section of the application.

### **Section 6C. Professional Licenses in Other States/Jurisdictions**

List all jurisdictions in which you have ever been licensed.

If you are licensed in another jurisdiction, a NABP Licensure Transfer form must be submitted directly to the DC Board of Pharmacy for verification of licensure.

### **Section 7. Screening Questions**

If you answer "yes" to questions B through J, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for denial of licensure or disciplinary action, and could result in criminal prosecution.

### **Section 8. Licensee Affidavit**

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

### **ADDITIONAL APPLICATION FORMS**

If you need additional copies of this application package you may visit HRLA's website at <https://dchealth.dc.gov/service/health-professionals> or call HRLA Customer Service at 877-672-2174. The forms that make up this package are:

- Pharmacist Regulations
- Pharmacy, New License Instructions
- Pharmacy, New License Application



**SUMMARY OF LICENSURE REQUIREMENTS**

The following chart shows the licensure requirements for all application methods. The law governing pharmacy licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985, D.C. Official Code section 3-1201.01 et. seq.* The regulations governing pharmacy licensure are included in *DC Municipal Regulations Title 17, Chapter 65.* Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Pharmacy if you have any questions regarding the interpretation of these laws as they pertain to your particular situation at (202) 724-8800.

**SUMMARY OF PHARMACY LICENSURE REQUIREMENTS**

License/Registration Type	Application Method	Signed Application for License	Two 2" x 2" Photos	Official Transcript <sup>1</sup> Foreign Pharmacist Exam Certificate	NABP Score Transfer r Results*	NAPLEX Exam Results*	MPJE (DC) or District Examination*	Statement of Good Standing <sup>2</sup> NABP licensure transfer form	Criminal Background Check*	Check or Money Order <sup>3</sup>
PH	Examination	X	X	X	O	X	X	O	X	\$280
PH	Re-Examination	X	O	O	O	O	X	O	O	\$85
PH	Reciprocity	X	X	O	O	O	X	X	X	\$280
PH	Reciprocity w/ Waiver of Licensure Transfer	X	X	O	O	O	X	X	X	\$280
PH	Score Transfer	X	X	O	X	O	X	O	X	\$280
PH	Vaccination and Immunization	X	O	O	O	O	O	O	O	\$50
PHI	Other -U.S. Intern	X	X	X	O	O	O	O	X	\$50
PHI	Other - Foreign	X	X	X	O	O	O	O	X	\$50

**X = Required**  
**O = Not required**

<sup>1</sup>**Foreign Pharmacist Graduate Examination Certificate**

<sup>2</sup> If you are licensed in another jurisdiction, a statement of good standing must be submitted directly to the DC Board of Pharmacy through the NABP Licensure Transfer form.

<sup>3</sup> Check or money order **MUST** be made payable to **DC Treasurer**. Note: If you require a duplicate license there is a \$34.00 fee.

\* Fee is charged for those applicants required to perform a Criminal Background Check.