

SOUTH DAKOTA BOARD OF PHARMACY

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NAPLEX EXAMINATION AND SCORE TRANSFER APPLICATION PROCEDURE FOR REGISTRATION AS A PHARMACIST IN SOUTH DAKOTA

Registration in South Dakota by Examination--All applicants for Registration by Examination as a Pharmacist in South Dakota shall be made on the form supplied by the South Dakota Board of Pharmacy and shall present the following to the secretary with their application:

1. The certificate of registration fee of \$35 – checks should be made payable to the South Dakota Board of Pharmacy.
2. A photo of at least passport quality and size with signature in ink and date of photo on the back.
3. A list of the applicant's internship experiences – 2000 hours (260 hours must be obtained outside of the IPPE and APPE experiences).
4. A certified transcript showing graduation sent directly from a college of pharmacy approved by the American Council on Pharmaceutical Education.
5. A government-issued form of photo identification.

NAPLEX Registration --You may apply on-line for the NAPLEX examination on the NABP web site at www.nabp.net, using the Internet-based registration form and credit card fee payment. The *Application for Registration as a Pharmacist in South Dakota* must be in the Board of Pharmacy office before you can be approved to take the NAPLEX examination.

For NAPLEX instructions and administration policies, the *NAPLEX Registration Bulletin* is available in a PDF format at NABP's web site www.nabp.net. A hard-copy version is not published. The electronic Bulletin's active links allow applicants to move quickly and easily to different sections throughout the document.

Score Transfer--Applicants who take the NAPLEX in another state of the United States may transfer scores using either the official paper-based NAPLEX Score Transfer form available on-line at www.nabp.net or by using the internet-based registration. All paper score transfer forms should be submitted with the appropriate fee to NABP, 1600 Feehanville Drive, Mount Prospect, IL 60056. Complete instructions are available in the *NAPLEX Registration Bulletin*.

Licensure by examination or score transfer must be completed within one year from the date of the NAPLEX examination.

Jurisprudence Exam--All applicants for registration by examination shall also successfully complete the Multistate Pharmacy Jurisprudence Examination (MPJE), South Dakota edition. Contact the Board of Pharmacy office to obtain study materials for this examination.

All applicants for registration by examination must receive a total scaled score of not less than 75 on the NAPLEX and the MPJE examinations.

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School Attendance:

High School Attended: _____	
City: _____	Graduation Date: _____
ACPE accredited college of pharmacy attended: _____	
City: _____	Graduation Date: _____

The following must be furnished with application:

- \$35 fee for Initial Certification of Registration (all applicants). Check is to be made out to South Dakota Board of Pharmacy.
- Photo (in color) of passport quality and size with signature in ink and date of photo on the back.
- A government-issued form of photo identification.
- A certified transcript showing graduation sent directly from a college of pharmacy approved by the American Council on Pharmaceutical Education.

Applicant's record of charges, convictions, and discipline:

Please answer the following questions. If you answer "yes" to any of the questions, please provide a complete description of dates and circumstances on a separate piece of paper. You must send supporting documents that are applicable.

1. Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations)? ___Yes ___No
2. Is there any pending criminal prosecution against you, which would constitute a felony? ___Yes ___No
3. Has your license to practice pharmacy in any state been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action? ___Yes ___No
4. Are you presently being investigated or is disciplinary action pending against your license? ___Yes ___No
5. Within the last three years, have you been treated for abuse or misuse of any alcohol or chemical substance to the extent that your ability to practice pharmacy has been impaired? ___Yes ___No
6. Within the past three years, have you experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care? ___Yes ___No
7. Have you accumulated child support arrearages in the sum of one thousand dollars or more? ___Yes ___No

Affidavit: This section must be completed in the presence of a notary public.

I, the undersigned, being duly sworn, say that I am the person referred to in the foregoing application, and declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Applicant _____

Subscribed and sworn to before me this ____ day of _____, 20__

NOTARY
SEAL

Signature of Notary Public _____

Notary for the State of _____ My commission expires _____