CPPCT-01, REV 05/13

STATE OF CONNECTICUT
Department of Consumer Protection
COMMISSION OF PHARMACY
450 Columbus Blvd, Suite 801
Hartford, CT 06103
Telephone: (860) 713-6070
Web Site: www.ct.gov/dcp/dcd
Email:
DCP.PharmacistLicense@ct.gov

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APPLICATION FOR LICENSURE AS A PHARMACIST BY EXAMINATION

This application should be completed and returned with payment to:

Department of Consumer Protection
License Services Division
450 Columbus Blvd, Suite 801
Hartford, CT 06103

• Section I: Examination

Please "CHECK" the box on the left below:

☐ I am applying for licensure as a pharmacist in the State of CT and am submitting a check/money order **for $200.00** for this purpose, made payable to **'Treasurer, State of Connecticut.'**

IMPORTANT NOTICE: You are required to pass both the NAPLEX and MPJE (for CT) **Exams that are administered through the National Association of Boards of Pharmacy before you can be licensed as a pharmacist in Connecticut.**

• Section II: Personal information

First Name	Middle Initial	Last Name		
Residence Street Address	City		State	Zip Code
Telephone Number (with area code)	Email Address			
Social Security Number	Date of Birth	Place of Birth (City & State)		

"The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application cannot be processed."

• Section III: Pharmacy Education

College(s) Attended	Dates attended	
College name	From	To
College name	From	To
College name	From	To

I was granted a diploma of graduation from (Name of college)_____

on the _____ day of _____, _____, and received the degree of: _____
(Month) (Year) (Type of Degree)

• Section IV: Practical Experience/Intern Registration

Please check the appropriate statement(s):

☐ My internship hours are on file with the Connecticut Commission of Pharmacy since I hold a pharmacy intern registration issued by the State of Connecticut.

Registration number	Date of issue	Expiration date

I have a total of (number) _____ hours of practical experience on file with the (State) _____ Board of Pharmacy.

☐ My internship hours are not on file with the Connecticut Commission of Pharmacy and **I will request that my State Board of Pharmacy or College of Pharmacy send the hours directly to the Connecticut Commission of Pharmacy.**

• Section V: Previous Licensure as a Pharmacist

If you have previously been licensed as a pharmacist in this state or any other state please complete the following:

Name of State	Date(s) issued: (month/yr)	License number	Good standing ☐ Yes ☐ No
Name of State	Date(s) issued: (month/yr)	License number	Good standing ☐ Yes ☐ No
Name of State	Date(s) issued: (month/yr)	License number	Good standing ☐ Yes ☐ No

• Section VI: Additional Qualifications

- I will be 18 years of age at the anticipated time of my licensure in CT as required by law: ☐ **Yes** ☐ **No**
- I have submitted a recent photograph of myself (passport size, frontal view) and I have signed it on the front or back as required by the Commission ☐ **Yes** ☐ **No**
- Has the applicant ever been convicted of any criminal charge under Federal or State controlled drug laws? ☐ **Yes** ☐ **No** **If yes, attach a statement of explanation.**
- Has any Federal or State registration held by the applicant been surrendered, revoked, suspended, limited, denied or is any such action pending? ☐ **Yes** ☐ **No** **If yes, attach a statement of explanation.**

• Section VII: Certification

I CERTIFY, UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS THE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature:_____ Date:_____

• Section VIII: Affidavit of Educational Institution

To be completed by school or college of pharmacy

For Graduates of an Accredited College of Pharmacy Only

This is to certify that (student's name)_____ has attended the

_____ from _____/____/_____ to
Name of College of Pharmacy Mo. Day Yr.
_____/____/_____
Mo. Day Yr.

Date (or expected) of Graduation: _____ Degree (to be) received: _____
Certified By:

_____ _____
Print Name of Dean/Registrar Signature Dean/Registrar

School Seal: (apply here)