



APPLICATION FOR LICENSURE

PHARMACY INTERN

(Expires second November 30 from date of issue)

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232

**PHARMACY INTERN
BACKGROUND CHECK (valid for 12 months)**

**Non-Refundable Fee: \$50.00
Non-Refundable Fee: \$40.00**

FINGERPRINT BACKGROUND CHECK

To be eligible for licensure with the Oregon Board of Pharmacy, you must complete a national fingerprint based background check. Results are valid for a period of 12 months. If you have not completed the background check process within the past 12 months, you will be sent the instructions to obtain your fingerprints after your Intern application; \$40.00 fingerprint background processing fee and \$50 application fee have been received by the Oregon Board of Pharmacy.

The State of Oregon uses an electronic process for obtaining fingerprints which is now accessible nationwide. Fingerprints must be taken at a designated Fieldprint facility. Your fingerprints will then be electronically submitted to the Oregon State Police. ***You must provide an email address on your application. The information that you need to schedule an appointment will be emailed to you.***

If you are enrolled or attending **Oregon State University/Pacific University**. Submit the following required items:

- 1 current original passport/visa quality photo that is 2x2 inches in size.
- A copy of your birth certificate (issued from the vital records office in the state in which you were born) and copy of current State ID OR color copy of your U.S. Passport. If you were born outside the United States, you can submit a color copy of your country passport and work visa or Employment Authorization Document (EAD), or naturalization document, or residency card. If you are attending school on an F1 Visa, please provide a copy of your I94 and I20 which has been signed by your Designated School Official.

Please note: The Board will not mail the license directly to you. It will be provided to you by your School Official.

If you are enrolled or attending a **University or College of Pharmacy outside the State of Oregon** submit the following required items:

- 1 current original passport/visa quality photo that is 2x2 inches in size.
- A copy of your birth certificate (issued from the vital records office in the state in which you were born) and copy of current State ID OR color copy of your U.S. Passport. If you were born outside the United States, you can submit a color copy of your country passport and work visa or Employment Authorization Document (EAD), or naturalization document, or residency card. If you are attending school on an F1 Visa, please provide a copy of your I94 and I20 which has been signed by your Designated School Official.
- A letter from your *University or College of Pharmacy* verifying that you are currently enrolled in a *Pharm.D. program*.

If you are a **Foreign Pharmacy Graduate** submit the following required items:

- 1 current original passport/visa quality photo that is 2x2 inches in size.
- A copy of your birth certificate (issued from the vital records office in the country in which you were born), and a copy of current ID OR color copy of your Passport and U.S. Visa showing you are entitled to work in the United States (such as an H1B Visa)
- Your **Original** FPGE Certificate; and provide a copy of your TOEFL and TSE (or TOEFL iBT) scores if they are not listed on your FPGE Certificate. The original certificate will be returned to you after verification.

Failure to fully complete this application and provide all of the items requested will delay processing.

LICENSE APPLICATION

INTERN

(Expires second November 30 from date of issue)

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us



FOR BOARD USE ONLY	[0307] \$50.00 [0352] \$52.00
PERSON ID #	_____
APPLICANT ID #	_____
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____
FP INFORMATION	MAILED EMAILED HANDED
FP EXPIRATION:	_____

PHARMACY INTERN

Non-Refundable Fee: \$50.00

NATIONAL FINGERPRINT BACKGROUND CHECK FEE

Non-Refundable Fee: \$40.00

(Do not pay if fingerprints have been processed for the Oregon Board of Pharmacy in last 12 months)

- Check this box if you are enrolled or attending Oregon State University/Pacific University.
- Check this box if you are enrolled or attending a University or College of Pharmacy outside the State of Oregon.
- Check this box if you are a Foreign Pharmacy Graduate.

*The Oregon Board of Pharmacy is required, under Title 42 USC § 666(a)(13) and ORS 25.785 to obtain the social security numbers of all licensees. Your social security number may be used for purposes of identification, to conduct a background investigation, and debt collection efforts. The Board may disclose your social security number to the following entities: the Oregon Department of Justice; the National Association of Boards of Pharmacy; the National Practitioner Databank; other state boards of pharmacy; law enforcement agencies and collection firms. Failure to provide your SSN will result in non-licensure.

- If you do not have a SSN Number, please provide a copy of your Passport and U.S. Visa showing you are entitled to work in the United States (i.e., H1B Visa). If you are attending school on an F1 Visa, please provide a copy of your I94 and I20 which has been signed by your Designated School Official.

Full Name _____

Social Security # _____ Date of Birth _____

Physical Address _____

City, State, Zip _____ E-mail _____

Phone Number (_____) _____ Phone Number (_____) _____

Mailing Address (If Different) _____

City, State, Zip _____

University or College of Pharmacy Information:

University or College name: _____

City, State, Zip: _____

Enrollment Date: _____ Graduation Date (if applicable): _____

MORAL TURPITUDE QUESTIONS

ARRESTS, CHARGES OR CONVICTIONS OF LAW VIOLATIONS AND DISCIPLINE: You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened. **This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, or judged not guilty, regardless of how long ago it happened.**

If you have been arrested or cited for violations of the law other than simple traffic infractions such as speeding or parking tickets, you **must** provide the following items:

- ✓ A written explanation of the circumstances in detail;
- ✓ Copies of all police reports. *Contact the police agency(ies) involved for police reports;*
- ✓ Court documents. *Contact the court for court documents; and*
- ✓ Other related documents.

Failure to provide these records with your application will lengthen the time it takes to process your application. Refusal to provide these records will make your application incomplete, and ineligible for processing.

1. Do you have any condition that in any way impairs or may impair your capacity to perform the duties of a Pharmacy Intern with reasonable skill and safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you use, or have you used a chemical substance in any way that may impair or limit your ability to perform the duties of a Pharmacy Intern with reasonable skill and safety? (Chemical Substance" includes alcohol and drugs).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any disciplinary actions been taken (or are any actions pending) against your license in any state or US jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you suffered any civil judgment related to incompetence, negligence or malpractice concerning the practice of health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever engaged in the unlawful use of a controlled or illegal substance(s) or prescription? (Unlawful use of a controlled or illegal substances means the use of controlled substances obtained illegally (e.g., marijuana, meth, heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been found in any civil, administrative or criminal proceeding to have possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or dispensed controlled substances for yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential in connection with or to avoid action by such authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been found in any civil, administrative or criminal proceeding to have: <ul style="list-style-type: none"> a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed any controlled substance for yourself? b. Committed any act involving dishonesty? c. Violated any state or federal law or rule regulating the practice of a health care profession? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Have you ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed?	[] Yes [] No
10. Have you ever been charged with or disciplined for the violation of a pharmacy, liquor or drug law or regulation?	[] Yes [] No

Check here if you have reported this information to the Board and provided documentation on a previous application. You do not need to resubmit documentation that you have already provided.

If all of your answers to these questions are “NO,” you must *hand write* the following Moral Turpitude Statement exactly as shown below:

“I have never been arrested or cited for, charged with nor convicted of the commission of any crime, offense or violation of the law in any state or by the federal government. I have never been charged with nor disciplined for the violation of a pharmacy, liquor or drug law or regulation by a professional licensing board or agency. I have never surrendered or resigned a professional license.”

I hereby certify that I have read this application and further certify that the information provided on this form is true and correct. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license. I am aware that the Oregon Board of Pharmacy will conduct a National Fingerprint-based Background Check.

I have read and agree to abide by the laws and rules of the Oregon Board of Pharmacy, Oregon Revised Statutes 475 and 689 as well as Oregon Administrative Rule Chapter 855. The rules specific to Pharmacy Interns can be found in [OAR 855 Division 31](#). I am aware that failure to observe these rules may result in imposition of a civil penalty, revocation, and other action against my license.

APPLICANT’S SIGNATURE _____ DATE _____

Did you remember to:

- o Enclose your check or money order for the application fee of \$50.00?
- o Enclose your check or money order for the fingerprint background fee of \$40.00 (*if applicable*)
- o 1 current original passport/visa style photo that is 2x2 inches in size
- o A copy of your birth certificate and current State ID **OR** color copy of your US Passport
- o Complete your moral turpitude questions and statement section
- o Attach a letter from your University or College of Pharmacy verifying you are currently enrolled? (if required)
- o Submit a copy of an H1B or F1 Visa with I94 and I20 documents if you do not have a SSN
- o Submit your Original FPGE Certificate and copy of TOEFL/TSE or TOEFL iBT Scores (if required)
- o Sign and date your application
- o Watch your email for information regarding your application

ALL FEES ARE NON-REFUNDABLE

ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)

CULTURAL DIVERSITY INFORMATION
Provision of this Information is Voluntary

The 2001 Legislature passed Senate Bill 786 (ORS 676.400), a law which is designed to identify populations under-served by health care providers. The law requires regulatory agencies to collect and maintain licensee's racial, ethnic and bilingual information and to report this data to the Legislature.

Race:

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> White (not Hispanic) | <input type="checkbox"/> Other |
| | Please explain: |
| | _____ |
| | _____ |

Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Non-Hispanic or Latino |
| <input type="checkbox"/> Refused to Answer | |

Bilingual:

Are you bilingual? Yes No If yes, check applicable languages:

- | | | | | |
|--|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French | <input type="checkbox"/> Italian | <input type="checkbox"/> German | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> Scandinavian | <input type="checkbox"/> Slavic | <input type="checkbox"/> Arabic | <input type="checkbox"/> Persian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Greek | <input type="checkbox"/> Turkish | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai | <input type="checkbox"/> Russian | <input type="checkbox"/> ASL |
| <input type="checkbox"/> Indian/Pakistan | | | | _____ Other (Please list) |