



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF PHARMACY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

PHARMACIST LICENSE BY LICENSURE TRANSFER – APPLICATION SUPPLEMENT INSTRUCTION SHEET

When to File Application by Licensure Transfer

How you apply for a Pharmacist license depends on whether you have passed the North American Pharmacist Licensure Examination (NAPLEX) and, if so, when you passed it, whether you requested a score transfer to Delaware and whether you are already licensed in another jurisdiction (state, U.S. territory or District of Columbia).

If either of the following situations applies to you, you must apply by [Licensure Transfer](#).

- You passed the NAPLEX *less* than one year ago but you did **not** designate Delaware as a score transfer state.
- You passed the NAPLEX *over* one year ago and you are *currently* licensed in another jurisdiction.

Note: Licensure transfer is the NABP term for reciprocity.

If neither of the situations above applies to you, file the [Application for Pharmacist Licensure by Examination or Score Transfer](#) form.

Filing Preliminary Application with NABP

The National Association of Boards of Pharmacy (NABP) offers an [Electronic Licensure Transfer Program](#) to help pharmacists who hold an active, unrestricted license in good standing to apply for licensure in additional jurisdictions. When you apply for licensure transfer with NABP, NABP

- screens your preliminary application
- compiles and verifies the information you provided (e.g., education, NAPLEX score, licensure history)
- sends you an *NABP Official Application for Transfer of Pharmacist License to State of Delaware* to file with the Delaware Board office.

- Submit the NABP licensure transfer preliminary application and NABP fee following the instructions for [Electronic Licensure Transfer](#).

Filing Official Application with the Delaware Board Office

Like other jurisdictions, you must meet the requirements of the Delaware Board of Pharmacy before a Delaware license is issued. The Board's requirements are listed below. The auxiliary forms you need are included.

- Arrange for Board office to receive a State of Delaware and Federal Bureau of Investigation criminal background check following the instructions on the *Instructions for Requesting a Criminal Background Check* form included with this application.
- **It is strongly suggested that you submit your request to the State Bureau of Identification as soon as possible** because it may take up to eight weeks for the criminal background check to be processed. You may submit the criminal background check request even before you file the *NABP Official Application for Transfer of Pharmacist License to State of Delaware* with the Board office.
- Sign the *NABP Official Application for Transfer of Pharmacist License to State of Delaware* that you receive from NABP in front of a notary and submit it to the Delaware Board office.
- You must submit the *Official Application* to the Delaware Board office within 90 days of receiving it from NABP.
- Submit a completed, signed and notarized *Pharmacist License by Licensure Transfer – Application Supplement*.
- Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware." This Delaware fee is in addition to the NABP fee.

- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
- *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.
- Register to take the Multi-State Pharmacist Jurisprudence Examination (MPJE) on www.nabp.net.
- Since you must register with NABP to take the MPJE before the Board office can make you eligible, it is strongly suggested that you register at the same time you file the *Official Application* with the Board office.
 - For help on preparing for the MPJE, click [MPJE Study Material List](#).
 - When the Board office makes you eligible, NABP will send you an Authorization to Test letter that will explain how to schedule your examination. NABP will notify you of the results.
 - If you did not pass the MPJE, you must wait 31 days after failing the exam before you can re-take it. To re-take it, you must re-register on www.nabp.net and the Board office must re-confirm your eligibility. For more information about re-taking the exams, see Section 1.2 of the Board's [Rules and Regulations](#).



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF PHARMACY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

PHARMACIST LICENSE BY LICENSURE TRANSFER – APPLICATION SUPPLEMENT

TYPE OF APPLICATION

1. Select the item that describes your situation:

- You passed the NAPLEX *less* than one year ago but you did **not** designate Delaware as a score transfer state.
 You passed the NAPLEX *over* one year ago and you are *currently* licensed in another jurisdiction.

If **neither** of the situations above applies to you, you must apply by [Examination or Score Transfer](#).

IDENTIFYING AND CONTACT INFORMATION

2. Full Name: _____
Last First Middle
3. Other Names Used: _____
(Include maiden, prior married, alternate spellings)
4. Date of Birth (month/day/year): _____ Gender: Male Female
5. Have you been issued a U.S. Social Security Number? Yes No If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: _____
City State Zip
7. Phone: _____ Email: _____
Home Work

DUTY TO REPORT

8. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
 - mentally or physically unable to engage safely in the practice of medicine
 - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes No

9. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

10. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to **self report** when

- your license to practice pharmacy has been disciplined, surrendered, suspended or revoked, or
- you have been convicted of a crime that is substantially related to the practice of pharmacy.

I certify that I have read [24 Del. C. §2515 \(a\)\(8\)](#) and that I understand my *duty to self report*. Yes No

AFFIDAVIT

I do hereby make application to the Board of Pharmacy for license or registration under the provisions of an Act to regulate the practice of Pharmacy in the State of Delaware and solemnly swear and affirm that the answers to the questions set forth in this application are true and correct.

Signature of Applicant: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Notary Signature: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- Adult Entertainment
- Charitable Gaming Vendor
- Chiropractic
- Dental
- Funeral
- Massage
- Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM))
- Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)
- Nursing (RN, LPN, APRN)
- Nursing Home Administrator
- Occupational Therapy
- Optometry
- Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy)
- Physical Therapy/Athletic Trainer
- Podiatry
- Psychology
- Real Estate Appraiser (includes Appraisal Management Company)
- Speech/Hearing
- Social Work
- Texas Hold'em Individual

Print your current full name:

Last Name

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLA