



INSTRUCTIONS AND REQUIREMENTS FOR RELICENSURE

ELIGIBILITY REQUIREMENTS

In order to reinstate your Texas pharmacist license with The Texas State Board of Pharmacy (TSBP), you must follow Texas Pharmacy Rule [§283.10](#) for requirements for application for a pharmacist license which has expired.

Currently Licensed & Practicing in Another State

If a candidate is practicing pharmacy in another state, and has been engaged in the practice of pharmacy in the other state for two years preceding the application, these requirements need to be fulfilled:

- (1) makes application for licensure to the board on a form prescribed by the board; and
- (2) submits to the board certification that:
 - (a) is licensed as a pharmacist in another state and that such license is in good standing;
 - (b) has been continuously employed as a pharmacist in that state for the two years preceding the application; and
 - (c) has completed a minimum of 30 contact hours of approved continuing education during the preceding two license years.
- (3) passes the Texas Pharmacy Jurisprudence Examination (MPJE); and
- (4) pays the application fee of \$103.

NOT Currently Licensed or Practicing in Another State

If the candidate has not practiced pharmacy for the two years preceding application for licensure and the candidate's Texas pharmacist license has been expired for less than 10 years, these requirements need to be fulfilled:

- (1) make application for licensure to the board on a form prescribed by TSBP;
- (2) pass the Texas Pharmacy Jurisprudence Examination (MPJE);
- (3) pays the application fee of \$103; and
- (4) complete approved continuing education and/or board-approved internship requirements according to [§283.10\(g\)\(D\)](#). (relating to schedule of approved continuing education and/or internship requirements).

APPLICATION INSTRUCTIONS

- (1) Complete and mail this Texas Relicensure Application to TSBP, and include the following;
 - Cashier's check or money order (**personal check will not be accepted**) in the amount of **\$103**, payable to the Texas State Board of Pharmacy (TSBP);
 - a copy of your current driver's license or a state issued identification card containing a photo and a signature;
 - a copy of your social security card; and
 - a copy of your birth certificate. Permanent Resident Card, naturalization paper or passport, may be substituted for birth certificate. If your name is different from any of the above documents, you must send a legal document of a court ordered change of name (i.e., marriage certificate).
 - Submit verifications for each license held, must include license number, date of issue, current status, expiration date and whether sanctioned, disciplined or restricted. Online verifications will suffice.
- (2) You are required to complete a fingerprint session through the approved TSBP vendor IdentoGO. You will receive an email with the fingerprint instructions from TSBP once your application has been received.
- (3) Register with NABP to take the Texas MPJE. Read the NABP bulletin regarding examination requirements for the MPJE. To register for the MPJE see <https://nabp.pharmacy/>.

Questions regarding your relicensure procedures may be directed to (512) 305-8011 or by email grades@pharmacy.texas.gov.



APPLICATION FOR TEXAS PHARMACIST RELICENSURE

FOR TSBP USE ONLY		TransCode
Applicant #	Entity #	

Type or Print Clearly

Previous Texas Pharmacist License #	NABP e-Profile #	
First Name	Middle Name or Initial (if applicable)	Last Name
Other Names Used (including maiden and previously used married names)		Driver's License No. & State

Home/Main Address (Required)

Street Address		Suite/Apt #	
City		State	Zip Code
Personal Phone Number		Personal E-mail Address	
Date of Birth	Social Security Number	Note: Disclosure of Social Security Numbers (SSN) is mandatory under Tex. Fam. Code Ann. §231.302 (Vernon 1999). The SSN is provided to identify persons relative to enforcement of child support payments.	

If you would prefer the home address and telephone number to remain confidential, provide an Address of Public Record below

If you prefer that your home address remain confidential, provide an Address of Public Record below:

Public Address/Address of Record (address which may be provided to the public)

Street Address		Suite #	
City		State	Zip Code
Public Telephone Number		Public E-mail Address	

Employment History

Fill out the following carefully. Begin with your most recent employment and list every job you have had since your Texas pharmacist license expired. If you were unemployed, sick, or attending school, so state, giving the dates that you were out of work. Do not skip any dates. Knowingly providing misleading or false information will constitute grounds for licensure being denied. If needed, attach additional sheets.

Dates: (From/To) _____ Employer Name: _____
 Job Title: _____ Employer Address: _____
 Employer Telephone: _____ Employer E-Mail: _____
 Explain briefly why you left. If discharged, state why: _____

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 Job Title: _____ Employer Address: _____
 Employer Telephone: _____ Employer E-Mail: _____
 Explain briefly why you left. If discharged, state why: _____

RELICENSURE APPLICATION CONTINUED

Type or Print Clearly

Applicants MUST Answer the Following Questions:

Failure to disclose any action may result in the license being denied or revoked for falsifying the application.

1. Do you currently hold, or have you ever held, a professional license or registration (dental assistant, nurse, medical technician, etc.) in Texas, or any other state excluding the Texas State Board of Pharmacy? YES NO

*If you answered yes to Question #1, please indicate the license type and license number of professional license, or registration, the state it was issued in and the expiration date.

License Type	License Number	State	Expiration Date

***Note:** For each license you have ever held, you must obtain verification of the current status of that license. The verification must include the license number, the date of issue, the current status, its expiration date, and whether the credential has ever been sanctioned, disciplined, or restricted. Online verification will be accepted when all required information is provided. The verifications must be attached to this application.

2 Have you been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority? (Examples: denial, surrender, revocation, reinstatement, suspension, fine, reprimand, probation, and restriction). Include such information for all states and all regulated professions, excluding the Texas State Board of Pharmacy. YES NO

*If you answered "yes" to Question #2, provide statement below or attach documentation that includes the name of the regulatory authority and the date of the action(s).

APPLICANT AFFIDAVIT:

I, _____, hereby attest to the fact that I am the applicant whose signature appears below, and that the information on this form, as well as the information on any attachment(s) to this form, is to the best of my knowledge true and correct and that the information is given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of the Texas Pharmacy Act and subject me to the penalties set forth in the Act.

Signature of Applicant

Date