



Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201

P: 501.682.0190 F: 501.682.0195

asbp@arkansas.gov • www.pharmacyboard.arkansas.gov

John Clay Kirtley, Pharm.D., Executive Director



THE RECIPROCITY PROCESS

REQUIREMENTS

In order to reciprocate to Arkansas, the applicant must have an active, original pharmacist license in any state other than California and must have been licensed for at least six months. (If reciprocating from a California license, the pharmacist license must have been issued on or after January 1, 2004).

The applicant will need to:

- Contact NABP at www.nabp.pharmacy and complete the Licensure Transfer Application (Referred to as the NABP application).
- Complete the Arkansas Application For Pharmacist Licensure By Reciprocity (Referred to as the ASBP Application).
- Submit to a state and federal criminal background check (CBC).

Every applicant must come to Arkansas to:

- Take the Arkansas Jurisprudence Examination (We do not recognize the MPJE). The Jurisprudence Exam is a paper and pencil exam that consists of 76 questions, true/false and multiple-choice. A minimum score of 70 is required.
- Meet with the Board.

BOARD MEETING

A completed ASBP and NABP application **MUST** be on file before the applicant may attend the board meeting. You may find upcoming exam and board meeting dates, times, and deadlines [here](#). The attire is business casual.

THE BOARD WILL CONTACT YOU VIA EMAIL ONCE COMPLETED APPLICATIONS HAVE BEEN RECEIVED TO SECURE YOUR SEAT FOR THE REQUIRED LAW EXAM. YOU MUST RESPOND TO THAT EMAIL IF YOU WISH TO SECURE A SEAT. DO NOT MAKE TRAVEL ARRANGEMENTS UNTIL YOU HAVE RECEIVED A CONFIRMATION EMAIL. REQUESTS TO ATTEND THE UPCOMING EXAM AND MEETING RECEIVED AFTER THE DEADLINE WILL BE DENIED.

If criminal background check results are deficient, the applicant will be approved "pending completion of the application process." This means that once all of the documentation is submitted, a pharmacist license will be mailed to the applicant.

TEMPORARY LICENSE

It is possible to obtain a temporary license between board meetings. In order to do this, the applicant must have **ALL** of the required documentation submitted. This includes the results of the state and federal criminal background check, as well as the NABP application and the ASBP application and all of its components. Once everything has been submitted, the applicant may set up a time to come to Arkansas to take the law exam and meet with a single board member. A temporary license will be issued that will expire at the next regularly scheduled board meeting. At that time, the applicant would have to return to Arkansas and meet with the full board. **PLEASE NOTE THAT A TEMPORARY LICENSE WILL REQUIRE TWO TRIPS TO ARKANSAS.**



Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201

P: 501.682.0190 F: 501.682.0195

asbp@arkansas.gov • www.pharmacyboard.arkansas.gov

John Clay Kirtley, Pharm.D., Executive Director



Arkansas Application for Pharmacist Licensure by Reciprocity Instructions

Carefully follow the directions on this application form.

The registration and application fees are NOT refundable.

Submit the following documents and fees:

1. A photocopy of your driver's license with this application. If you do not have a driver's license, you may substitute another form of picture identification, such as a passport or state ID card.
2. A photocopy of your birth certificate.
3. A color passport style photo should be attached to the top of page 1 of this application.
4. A check or money order made payable to the Arkansas State Board of Pharmacy for your application for a pharmacist license. Licenses are issued biennially.
 - a. If you will receive your license in an even numbered year (i.e. 2022, 2024, 2026) the fee is \$311.25 and your license will expire on December 31 of the next odd numbered year (i.e., 2021, 2023, 2025);
 - b. If you will receive your license in an odd numbered year (i.e. 2021, 2023, 2025) the fee is \$236.25 and your license will expire on December 31 of the current year.
5. Proof of fifteen (15) hours of Continuing Education (CE) from the past year (or two years ago if your home state renews biennially). **ONLY SUBMIT PROOF OF 15 HOURS OF CE.** Please note that any CE submitted for the purposes of this application will be placed in your file and **CAN NOT** be submitted for the renewal of this license once it is issued.
6. You must submit a completed Criminal Background Check Identity Verification Form and a completed fingerprint card. You **MUST** use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting. You can contact the State Board of Pharmacy office to have one sent to you. Email your mailing address to asbp@arkansas.gov or call (501) 682-0190 to request a card.

Your application is NOT considered complete until all supporting documents and fees have been received by the Arkansas State Board of Pharmacy.

Completion of this application form is necessary for consideration for a license by reciprocity as a pharmacist pursuant to Arkansas Pharmacy Law and Regulation. Disclosure of this information is voluntary. However, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for licensure, renewal, and/or examination have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction.

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600
Little Rock, AR 72201
P: 501-682-0190 • F: 501-682-0195
www.pharmacyboard.arkansas.gov

TAPE A COLOR
PHOTOGRAPH TAKEN
WITHIN 60 DAYS OF THE
FILING OF THIS
APPLICATION
IN THIS SPACE

ARKANSAS APPLICATION FOR PHARMACIST LICENSURE BY RECIPROCATATION

The Arkansas State Board of Pharmacy is **required** under 42 USC § 666(a)(13) and Ark. Code Ann § 17-1-104 to obtain the social security numbers of all licensees to provide to the Arkansas Office of Child Support to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans. Your social security number will also be used for the required criminal background investigation.

PART I: APPLICANT INFORMATION

SOCIAL SECURITY NUMBER: _____ **GENDER:** Male Female

RACE: White Black/African American Asian American Indian / Alaska Native Other: _____

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

NAME: Last _____ First _____ Middle _____ Suffix (Jr.) _____

OTHER NAMES USED: Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.

DATE OF BIRTH: _____ **PLACE OF BIRTH** (list city, county, state or other jurisdiction, country): _____

PHYSICAL ADDRESS: (Street, City, State, Zip) _____

MAILING ADDRESS: if different from address listed above. _____

HOME PHONE NUMBER: () _____ **WORK PHONE NUMBER:** () _____

CELL PHONE NUMBER: () _____ **FAX PHONE NUMBER:** () _____

EMAIL: _____

CITIZENSHIP: a. Are you a Citizen of the United States? YES NO
b. If you answered NO to question 19 (a) above, are you: (Please check one of the following.)
 a qualified alien (as defined in 8 U.S.C. § 1641.)
 a nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 et seq.)
 an alien who is paroled into the United States under 8 U.S.C. § 1182 (d)(5) for less than one year.
 other – please provide a detailed explanation.

FOR OFFICE USE ONLY

Fee Submitted: _____ Check No.: _____ License #: PD

PART II: EMPLOYMENT INFORMATION

EMPLOYER: _____

EMPLOYER ADDRESS:

(Street, City, State, Zip) _____

PHONE: _____

FAX: _____

WEBSITE: _____

Is your employer currently licensed by the Arkansas State Board of Pharmacy? YES AR License #: _____ NO

PART III: QUALIFICATIONS AND IDENTIFICATION

SCHOOL OF PHARMACY GRADUATED: _____

PHARMACY DEGREE(S) EARNED: _____

DATE OF GRADUATION: _____

PART IV: PERSONAL HISTORY INFORMATION

You must respond fully and truthfully to these questions and, if the answer is "Yes" to any part of these questions, you **must** provide a notarized written detailed explanation of the circumstances.

You must fully and truthfully report your criminal history whether or not the arrest/citation was dismissed, dismissed through drug court diversion, expunged under the first offender act, alternative sentencing act, Act 531, Act 305, or Act 346 or it happened over 5 years ago. This criminal history includes all DWI, DUI, and MIP (Minor in Possession) violations, possession of controlled substances, theft, shoplifting, domestic violence, assault violations, or any other violation of any state or federal law, whether misdemeanor or felony, and regardless of the state or territory in which it happened.

If you do not fully and truthfully report your history, your application will be denied and/or you will be subject to other sanctions. Please contact the Arkansas State Board of Pharmacy at 501-682-0190 if you do not understand the above information.

Have you had any application for any professional license or registration refused or denied by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever voluntarily surrendered a professional license or registration?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been the subject of a disciplinary action with regard to any license or registration?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had a license or registration revoked, suspended or subjected to other disciplinary action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
To your knowledge, have any unresolved or pending complaints ever been filed against you with any professional licensing agency or association?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been cited, arrested for, charged with, or convicted of (including a <i>nolo contendere</i> plea or guilty plea) a criminal offense in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been pardoned from a criminal conviction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had a record expunged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been cited, arrested for, charged with, or convicted of (including a <i>nolo contendere</i> plea or guilty plea) a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been treated for a drug, alcohol addiction, mental health disorder or participated in a rehabilitation program in the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you currently have an alcohol or other substance abuse problem?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Within the last five (5) years have you had a license or certification revoked or suspended, other disciplinary action taken, or an application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PART V: CERTIFICATIONS

Please read carefully and sign below.

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license. I hereby certify under penalty of perjury under the laws of the State of Arkansas to the truth and accuracy of all statements and representations made in this application and that I personally completed the application. I understand that I must notify the Board in writing of any change of address or employment. I have read and understand the instructions and statements on this application.

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct and complete to the best of my knowledge, and that the copy of my driver's license or other identifying photographic identification attached hereto is a true likeness of myself. I authorize the Arkansas State Board of Pharmacy to review state files pertaining to my registration and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Arkansas State Board of Pharmacy.

Signature of Applicant (Full Legal Name)

Date Signed

Check your application to make sure it is complete and you have included all required documentation. Incomplete applications will delay the processing of the application. The application will expire 1 year from date of receipt. Application fees will not be refunded.

Return the completed application and all related documents and fees to:

**Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201**

Phone: 501-682-0190
asbp@arkansas.gov
www.pharmacyboard.arkansas.gov

Application Fees

Please make your check or money order payable to the: Arkansas State Board of Pharmacy

If you will receive your license in an even numbered year (i.e. 2022, 2024, 2026) the fee is \$311.25 and your license will expire on December 31 of the next odd numbered year (i.e., 2021, 2023, 2025);

If you will receive your license in an odd numbered year (i.e. 2021, 2023, 2025) the fee is \$236.25 and your license will expire on December 31 of the current year.

Pharmacist Name: _____

QUESTIONS FOR RECIPROCITY CANDIDATES

1. Why are you seeking licensure in Arkansas?

2. Who is your current employer? (Please provide name, address and telephone)

3. Describe the nature of your operation in detail.

4. In what state(s) are you licensed? _____

5. What day did you last work as a pharmacist in a pharmacy setting? _____

6. Do you practice in a pharmacy that fills orders received on an Internet site? YES NO

If **Yes**, what is the website? _____

7. Do you practice in a pharmacy that has a business agreement to fill prescriptions for a website? YES NO

If **Yes**, what is the website? _____

8. Does your employer have a website? YES NO

If **Yes**, what is the website? _____

Please explain any “**Yes**” answers from the questions above:

9. Do you practice in a pharmacy that compounds prescription drugs? YES NO

If yes, you'll also need to fill out a compounding questionnaire. You can find it online here:

<https://www.pharmacyboard.arkansas.gov/wp-content/uploads/2020/04/CompoundingQuestions.pdf>

Applicant's Signature _____

Criminal Background Check Identity Verification Form Instructions

Criminal Background Check Identity Verification Form:

- Fill out all the required boxes on the fingerprint card using the information below prior to taking the fingerprints.
- Fill out all the required information on the Criminal Background Check Identity Verification Form prior to taking the fingerprints.
- Once fingerprinted, have the person that took your prints fill out the "Fingerprint Technician Information" portion of the Criminal Background Check Identity Verification Form and seal the fingerprint card and the Criminal Background Check Identity Verification Form in a signed envelope. You'll submit this sealed and signed envelope with your completed application to the Board of Pharmacy.

FBI Fingerprint Card:

- **You MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting.** You can contact the State Board of Pharmacy office to have one sent to you. Email your mailing address to asbp@arkansas.gov or call (501) 682-0190 to request a card.
- Have fingerprints done by someone **APPROPRIATELY TRAINED** to collect them. A delay in the processing of your FBI criminal background check is commonly caused by incomplete FBI fingerprint cards and poor quality of fingerprints.
 - Your local police or sheriff's department may be willing to accommodate you. There may or may not be a fee involved. The Arkansas State Police ID Bureau in Little Rock, on Geyer Springs Road at I-30, will do your fingerprints **WITHOUT** charge Monday through Friday from 8:30 a.m. to 4:30 p.m.
- **DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD.**
- **DO NOT CONTACT the Arkansas State Police or the FBI** about the status of your criminal background check. Those agencies will notify the Arkansas State Board of Pharmacy.

Fields to be completed on the Fingerprint Card

(Type or print, black ink only - Fingerprints must be done in **BLACK** Ink.)

- Last name, First name, Middle name
- Signature of person fingerprinted – be sure to sign this field in front of the fingerprint technician
- Aliases (other names you have used, including nicknames, maiden names, other married names, etc.)
- Date of birth (MM/DD/YYYY)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e., United States, England, Mexico)
- Sex: M= Male, F= Female
- Race: A=Asian; W=White; B=Black; I=American Indian, H=Hispanic, U=Unknown
- Height (foot' inches")
- Weight (in pounds)
- Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel; XXX=Unknown
- Hair: BAL=Bald; BRO=Brown; BLK=Black; SDY=Sandy; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
- Place of birth (city/state or foreign country)
- Employer and address ("none" if you are unemployed)
- Reason Fingerprinted - **This block MUST read: Arkansas State Board of Pharmacy – ACA § 17-92-317**
- Social Security Number
- Leave all other spaces blank (i.e., OCA, FBI, MNU)
- If an individual is missing one or more fingers, a notation in the fingerprint block(s) indicating why a partial or missing image exists must be written in. Handwritten notation recommended for fingerprint submissions include: AMP=amputated; TI=tip amputated; Missing at Birth; Cut off; Shot off; Deformed; and Missing.



Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201

P: 501.682.0190 F: 501.682.0195

asbp@arkansas.gov • www.pharmacyboard.arkansas.gov

John Clay Kirtley, Pharm.D., Executive Director



Criminal Background Check Identity Verification Form

FINGERPRINT REASON:		Authority: ACA § 17-92-317		Agency ID: AR 920450Z	
		Agency Name: ST BD OF PHARMACY, LITTLE ROCK, AR			
APPLICANT INFORMATION (Please fill out all the fields below BEFORE going to be fingerprinted):					
Full Name:					
Last		First	Middle	Maiden / All Other Married Names	
Social Security #:		Date of Birth:		State of Birth:	
Sex:	Race:	Height:	Weight:	Eyes:	Hair:
Driver's License #:			State of Issuance (of driver's license):		
Mailing Address:					
Street Address		City	State	Zip	
I understand that my personal information and fingerprints submitted by agency are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above. I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above.					
Signature of Applicant				Date	

ATTENTION FINGERPRINT TECHNICIAN: Please follow the instructions below for fingerprinting this applicant.

1. Please ensure that the applicant has filled out all the information on the fingerprint card and the information below for "APPLICANT INFORMATION" prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Please fill out the information in the boxes below for "FINGERPRINT TECHNICIAN INFORMATION". Please print clearly.
4. Once the prints have been taken, make sure the applicant signs the "Signature of Person Fingerprinted" field. Place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. Do not give the applicant the card without first sealing it inside the envelope.

FINGERPRINT TECHNICIAN INFORMATION:	
Date Fingerprints were Taken:	
Type of Photo ID provided: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other:	
Fingerprint Technician's Agency/Company Name:	
Printed Name of Fingerprint Technician	Signature of Fingerprint Technician
** Ensure that the correct fingerprinting reason code and agency ID are used.	

FOR ASBP OFFICE USE ONLY:

CBC Identity Verification Form & Instructions – December 2019

Envelope? Y N Sealed? Y N Signed? Y N Completed? Y N Initials & Date:

Privacy Act Statement

Privacy Act of 1974, 5 USC § 552a

This privacy act statement is also located on the back of the FD-258 fingerprint card.

- **Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
- **Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
- **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Procedure to obtain change, correction, or updating of identification records

28 CFR § 16.30 through 16.34

If, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wish changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information.

The individual can contact Arkansas Crime Information Center (ACIC) at (501) 682-7444 or Arkansas State Police at (501) 618-8000. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the:

[FBI, Criminal Justice Information Service \(CJIS\) Division](#)

ATTN: SCU, Mod. D2
1000 Custer Hollow Road
Clarksburg, WV 26306

The FBI will then forward the challenge to the agency which submitted the date requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.