

IOWA BOARD OF PHARMACY
APPLICATION
REEXAMINATION FOR PHARMACIST LICENSURE

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

EXAMINATION(S) REQUESTED: ___ NAPLEX ___ MPJE

REASON FOR EXAMINATION: ___ REEXAM ___ BOARD ORDER

 ___ REINSTATEMENT ___ OTHER (explain) _____

HAVE YOU PREVIOUSLY TAKEN THE EXAMINATION FOR WHICH YOU ARE
APPLYING? ___ YES ___ NO

IF YOU RESPONDED YES, PLEASE INDICATE DATE(S) OF PREVIOUS
EXAMINATION(S): _____

INSTRUCTIONS

NAPLEX®: Complete this application and submit it to the Iowa Board of Pharmacy, 400 SW Eighth St., Suite E, Des Moines, Iowa 50309-4688, with a fee of \$36 made payable to the Iowa Board of Pharmacy. Complete the Internet-based NAPLEX® | MPJE® registration form and credit card payment fee process, which can be found at www.nabp.net.

MPJE®: Complete this application and submit it to the Iowa Board of Pharmacy, 400 SW Eighth St., Suite E, Des Moines, Iowa 50309-4688, with a fee of \$36 made payable to the Iowa Board of Pharmacy. Complete the Internet-based NAPLEX® | MPJE® registration form and credit card payment fee process, which can be found at www.nabp.net.