

*** Submit this page with application ***

FOR OFFICE USE ONLY

- App. & Fee
- Photograph
- Proof of Pharmacy Degree
- Internship Hours
- NAPLEX
- MPJE
- FPGEC (Foreign Grads)
- Proof of Military Status (If Applicable)
- Verification Out of State License(s)



FOR OFFICE USE ONLY

Receipt #

ID #

Issue Date

License #

**State of Rhode Island
Board of Pharmacy**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License To Practice Pharmacy By Examination
Pharmacist***

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application. The license expires annually on June 30th. Licenses issued prior to April 21st will be required to renew by July of the same year. You may not practice until your license is issued.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$280.00** and attached to the upper left-hand corner of the first (Top) page of the application. **THIS APPLICATION FEE IS NONREFUNDABLE.**
- Attach a 2 x 2 passport size photograph taken within the past year to the photograph section of this application.
- Official transcript from a college of pharmacy, located within the United States and is accredited by the American Council on Pharmaceutical Education. Transcript must include date of graduation, degree conferred and experiential hours accrued. Transcript must be sent directly from the college to the Board. See below if you are a graduate from a college of pharmacy outside the United States.
- Submit the **Preceptor Affidavit of Internship Hours** (form included in this application for that purpose. This affidavit verifies completion of 1,500 internship hours of practical experience under the supervision of a licensed pharmacist. Each preceptor under whom internship hours were accrued must complete an affidavit. The form may be duplicated as needed. If you filed internship hours with another state, request that board to forward a **Verification of Internship Hours** directly to the Rhode Island Board. You may obtain the mailing address and telephone numbers of all U.S. licensing authorities at the NABP website: <https://nabp.pharmacy>
- Passage of both the North American Pharmacist Licensure Examination (NAPLEX) and the Rhode Island Multi-state Pharmacy Jurisprudence Examination (MPJE), examinations which are administered through the National Association of Boards of Pharmacy (NABP). Please visit <https://nabp.pharmacy> and download the BULLETIN located in the Examination section on the website. The BULLETIN will provide you with all procedures regarding the examination processes. The NABP will electronically report the NAPLEX and MPJE scores to the Board.
- If you have ever been licensed in another state, **you** must request that license verification(s) be sent directly from each state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

Foreign Pharmacy Graduates Licensure Requirements

- Requirements listed above,
- Completion of a course of study from a college of pharmacy located outside the United States, which is listed in the World Directory of Schools of Pharmacy, published by the World Health Organization.
- Obtained **full certification** from the Foreign Pharmacy Graduate Equivalency Commission (FPGEC), administered through the National Association of Boards of Pharmacy (NABP). Only the official **FPGEC Certificate** will be accepted by the Board, and it is a prerequisite to applying for licensure. Information on the Foreign Pharmacy Graduate Certification Program can be obtained by accessing the Foreign Pharmacy section on its website: <https://nabp.pharmacy>

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island Board of Pharmacy

Application for License as a Pharmacist By Examination

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s) This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.	<div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Title (i.e., Mr., Mrs., Ms., etc.) <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> First Name <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Middle Name <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Surname, (Last Name) <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Suffix (i.e., Jr., Sr., II, III) <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Maiden, if applicable Name(s) under which originally licensed in another state, if different from above (First, Middle, Last). <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>
2. Social Security Number	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 25px; height: 15px; margin-right: 5px;"></div> <div style="font-size: 10px; margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 25px; height: 15px; margin-right: 5px;"></div> <div style="font-size: 10px; margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 40px; height: 15px;"></div> </div> U.S. Social Security Number <p style="margin-top: 10px;">"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."</p>
3. Gender	Please select from the dropdown.
4. Date of Birth	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px; margin: 5px;">Month</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px; margin: 5px;">Day</div> <div style="border: 1px solid black; width: 50px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px; margin: 5px;">Year</div> </div>
5. Home Address It is your responsibility to notify the board of all address changes.	<div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> 1st Line Address (Apartment/Suite/Room Number, etc.) <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Second Line Address (Number and Street) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 300px; height: 15px;"></div> <div style="font-size: 8px;">City</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">State</div> <div style="border: 1px solid black; width: 60px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">Zip Code</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 300px; height: 15px;"></div> <div style="font-size: 8px;">Country, If NOT U.S.</div> <div style="border: 1px solid black; width: 60px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">Postal Code, If NOT U.S.</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 200px; height: 15px;"></div> <div style="font-size: 8px;">Home Phone</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">-</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">Home Fax</div> </div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> Email Address (Format for email address is Username@domain e.g. applicant@isp.com)
6. Business Address It is your responsibility to notify the board of all address changes. <i>This address will appear on the Department of Health web site.</i>	<div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Name of Business/Work Location <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> 1st Line Address (Department/Suite/Room Number, etc.) <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Second Line Address (Number and Street) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 300px; height: 15px;"></div> <div style="font-size: 8px;">City</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">State</div> <div style="border: 1px solid black; width: 60px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">Zip Code</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 300px; height: 15px;"></div> <div style="font-size: 8px;">Country, If NOT U.S.</div> <div style="border: 1px solid black; width: 60px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">Postal Code, If NOT U.S.</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 200px; height: 15px;"></div> <div style="font-size: 8px;">Business Phone</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">-</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px;"></div> <div style="border: 1px solid black; width: 50px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">Extension</div> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px;"></div> <div style="font-size: 8px;">Business Fax</div> </div>

<p>7. Preferred Mailing Address Please check <u>ONE</u></p>	<p><input type="checkbox"/> Please use my Home Address as my preferred mailing address</p> <p><input type="checkbox"/> Please use my Business Address as my preferred mailing address</p>
--	---

<p>8. Qualifying Education</p> <p>Please list the name and information about the high school that you last attended.</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="height: 20px;"> </td> </tr> </table> <p style="font-size: small;">Type of School (High School, University, College, Trade/Technical School etc.)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="height: 20px;"> </td> </tr> </table> <p style="font-size: small;">Name of School</p> <table style="width: 100%;"> <tr> <td style="width: 25%;">Date Enrolled:</td> <td style="width: 15%; text-align: center;"><input type="text"/>/ <input type="text"/></td> <td style="width: 15%; text-align: center;"><input type="text"/>/ <input type="text"/></td> <td style="width: 15%; text-align: center;"><input type="text"/>/ <input type="text"/></td> <td style="width: 20%;">Date Graduated:</td> <td style="width: 15%; text-align: center;"><input type="text"/>/ <input type="text"/></td> <td style="width: 15%; text-align: center;"><input type="text"/>/ <input type="text"/></td> <td style="width: 15%; text-align: center;"><input type="text"/>/ <input type="text"/></td> </tr> <tr> <td></td> <td align="center" style="font-size: x-small;">Month</td> <td align="center" style="font-size: x-small;">Day</td> <td align="center" style="font-size: x-small;">Year</td> <td></td> <td align="center" style="font-size: x-small;">Month</td> <td align="center" style="font-size: x-small;">Day</td> <td align="center" style="font-size: x-small;">Year</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="height: 20px;"> </td> </tr> </table> <p style="font-size: small;">Degree Received (Bachelor of Arts, Doctor of Pharmacy, etc.)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="height: 20px;"> </td> </tr> </table> <p style="font-size: small;">Major</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 70%; height: 20px;"> </td> <td style="width: 30%; height: 20px;"> </td> </tr> </table> <p style="font-size: small;">Specialty/Type Credit Hours</p> <p>DOCUMENTATION: Attach a letter from the dean of the college of pharmacy from which you graduated, which states the date of the graduation, the degree conferred, an the number of hours accrued under the experiential learning pharmacy practice course. This document must be the original (preferred), or a copy which has been notarized as being a "true copy of the original".</p>			Date Enrolled:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	Date Graduated:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>		Month	Day	Year		Month	Day	Year				
Date Enrolled:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	Date Graduated:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>																
	Month	Day	Year		Month	Day	Year																

<p>9. Pharmacist Licensure</p> <p>List all states our country that you are now licensed as a pharmacist, or have applied for a license.</p> <p><input type="checkbox"/> Check here if not applicable</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;">State/Country:</td> <td style="width: 50%;">State/Country:</td> </tr> <tr> <td>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending</td> <td>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending</td> </tr> <tr> <td>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending</td> <td>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending</td> </tr> <tr> <td>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending</td> <td>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending</td> </tr> </table> <p>DOCUMENTATION: You must send Interstate Verification Forms to each state listed above (page 9).</p>	State/Country:	State/Country:	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending
State/Country:	State/Country:								
_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending								
_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending								
_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending								

<p>10. Criminal Convictions</p> <p>Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.</p> <p>If necessary, you may continue on a separate 8½ x 11 sheet of paper.</p>	<p>Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):</p> <table style="width: 100%;"> <tr> <td style="width: 75%; border-bottom: 1px solid black;"> </td> <td style="width: 10%; text-align: center;">Month</td> <td style="width: 15%; text-align: center;">Year</td> </tr> <tr> <td> </td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td> </td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> <tr> <td> </td> <td align="center"><input type="text"/></td> <td align="center"><input type="text"/></td> </tr> </table>		Month	Year		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
	Month	Year											
	<input type="text"/>	<input type="text"/>											
	<input type="text"/>	<input type="text"/>											
	<input type="text"/>	<input type="text"/>											

<p>11. e-Profile ID</p> <p>Please provide the e-Profile ID that is provided by the NABP.</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="height: 20px;"> </td> </tr> </table> <p style="font-size: x-small;">e-Profile ID</p> <p>Please visit the NABP website at https://nabp.pharmacy in order to get information on how to obtain this ID.</p>	

12. Disciplinary Questions

Check either Yes or No for each question.

NOTE: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter.

For purposes of this section, a person shall be deemed to be convicted of a crime if he/she plead guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

1. Have you ever had any disciplinary action(s) taken, or is any pending against your license to practice or are any complaints pending in the State of Rhode Island or any other state? Yes No

2. Have you ever had a membership in a professional society revoked, suspended, or limited in any manner, or have you voluntarily withdrawn while under investigation? Yes No

3. Are there any charges or investigations pending, in any state, against you? Yes No

4. Have you ever failed to pass an examination for licensure as a pharmacist? Yes No

Note: If you answered "yes" to any of these questions you must submit a written explanation on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, affirm that the information provided on my application form and documentation provided to support my application is true, accurate, complete and unaltered. I acknowledge that pursuant to R.I.G.L. 11-18-1, knowingly making a false statement on my application form is punishable as a misdemeanor, and that such an act shall constitute cause for denial, suspension, or revocation of my license/permit to practice as a Pharmacist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Pharmacy of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant _____

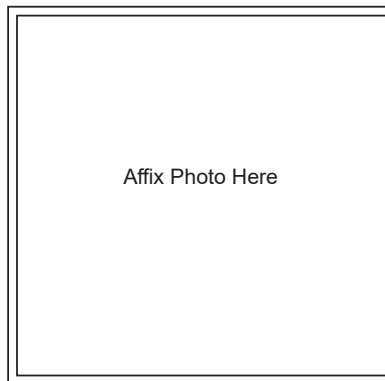
Date of Signature (MM/DD/YY) _____

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos or computer-generated photos will not be accepted.





Substitute forms are not acceptable - This form may be duplicated as needed .

Rhode Island Board of Pharmacy

Room 103, Three Capitol Hill

Providence, RI 02908-5097

(401) 222-2837

PRECEPTOR AFFIDAVIT OF INTERNSHIP HOURS

Applicant Should Complete this Section Only:

I hold a valid Limited License as a pharmacy intern, and the Rhode Island Board of Pharmacy requires that this form be completed by each licensed pharmacist who served as my preceptor.

Print/Type Full Name _____

Previous Names Used _____

License Number _____ Date Issued _____

*** FOR OFFICE USE***

Limited License No. _____

Date Issued: Training _____

Period Valid Hours Yes No

Accepted: _____

THIS SECTION TO BE COMPLETED BY PRECEPTOR

I am a licensed pharmacist in the State of _____. I am an owner, manager, department head, dean or employee at a licensed business or educational institution. I was the preceptor, or authorized official of an accredited college of pharmacy, of the above-listed intern, who satisfactorily completed practical experience under my supervision.

Print/Type Full Name _____

License Number _____

Previous Names Used _____

Pharmacy Name _____

License Number _____

Pharmacy Address _____

City, State, ZipCode _____

Intern's Training Period

								-								
Month		Day		Year					Month		Day		Year			

Signature of Preceptor _____ Date _____

Hours Accrued by Intern



Rhode Island Board of Pharmacy

Room 104, Three Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATES OF LICENSURE

THIS SECTION TO BE COMPLETED BY APPLICANT AND SENT TO OTHER STATE(S)

I am applying for a license to practice as a registered pharmacist in the State of Rhode Island. The Rhode Island Board of Pharmacy requires that the following form be completed by the jurisdiction in which I obtained a license. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Pharmacy at the above address.

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth _____

License Number _____ Date Issued _____

THIS SECTION TO BE COMPLETED BY THE PHARMACY BOARD

License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:
--	-----------------------	------------------

Reason for Inactive Status:

- Questions:
- Has this licensed pharmacist ever been investigated by your Board? Yes No
 - Has this licensed pharmacist incurred any disciplinary proceedings in your state, or is any action pending? Yes No
 - Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
 - Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature _____ Date _____

Type or Print Name _____

Title _____

Full Name of Licensing Board _____



Please Affix Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: _____

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.