# Checklist of Required Supporting Documents

To expedite the processing of your NEW LICENSE APPLICATION be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying:

## EXAMINATION - RECENT GRADUATE
- [ ] A complete signed application for DC License.
- [ ] Two (2) recent passport photos (2”X 2”)
- [ ] Social Security Number or a Sworn Affidavit
- [ ] Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
- [ ] Certificate of Graduation or Official Transcript – Recent College Graduates Only. If school does not provide Certificate of Graduation, it is mandatory that applicant provides the Education and Training Supplemental Form.
- [ ] Education and Training Supplemental Form
- [ ] Criminal Background Check (FBI and State) effective January 3, 2011
- [ ] Check, Money Order or Certified Check payable to DC Treasurer for $280.00

## SCORE TRANSFER
- [ ] A complete signed application for DC License.
- [ ] Two (2) recent passport photos (2” X 2”)
- [ ] Social Security Number or a Sworn Affidavit
- [ ] Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
- [ ] Criminal Background Check (FBI and State) effective January 3, 2011
- [ ] Check, Money Order or Certified Check payable to DC Treasurer for $280.00

## RECIROCITY
- [ ] A complete signed application for DC License.
- [ ] Two (2) recent passport photos (2” X 2”)
- [ ] Social Security Number or a Sworn Affidavit
- [ ] Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
- [ ] NABP Licensure Transfer Form (Letter of Good Standing)
- [ ] Check, Money Order or Certified Criminal Background Check MorphoTrust USA (Effective January 3, 2011)
- [ ] Check, Money Order or Certified Check payable to DC Treasurer for $280.00

## RECIPROCITY BY WAIVER OF LICENSURE TRANSFER
- [ ] Applicant previously licensed in the District of Columbia and expiration date is past 5 years.
- [ ] A complete signed application for DC License.
- [ ] Two (2) recent passport photos (2” X 2”)
- [ ] Social Security Number or a Sworn Affidavit
- [ ] Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
- [ ] Verification of current license from another state Board of Pharmacy
- [ ] Criminal Background Check (FBI and State) effective January 3, 2011
- [ ] $280 Payment in a form of a Check, Money Order or Certified Check

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**PLEASE INCLUDE THIS FORM WITH YOUR APPLICATION**

REV. 08/2016
PHARMACIST RECIPROCITY-VAC
☐ A complete signed application for DC License.
☐ Two (2) recent passport photos (2” X 2”)
☐ Social Security Number or a Sworn Affidavit
☐ Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
☐ NABP Licensure Transfer Form (Letter of Good Standing)
☐ CPR for Healthcare Professional Certification
☐ Proof of successful completion of a ACPE certification course approved by the Board of Pharmacy.
☐ Criminal Background Check (FBI and State) effective January 3, 2011)
☐ Check, Money Order or Certified Check payable to DC Treasurer for $330.00

PHARMACIST- ADD VAC ONLY TO AN EXISTING DC LICENSE
☐ A complete signed application for DC License.
☐ Two (2) recent passport photos (2” X 2”)
☐ Social Security Number or a Sworn Affidavit
☐ Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
☐ Copy of current DC License
☐ CPR for Healthcare Professional Certification
☐ Proof of successful completion of a ACPE certification course approved by the Board of Pharmacy.
☐ Check, Money Order or Certified Check payable to DC Treasurer for $50

REGISTERED PHARMACY INTERN
FOREIGN OR U.S. STUDENT APPLICANT
☐ A complete signed application for DC License.
☐ Two (2) recent passport photos (2” X 2”)
☐ Social Security Number or a Sworn Affidavit
☐ Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
☐ One (1) clear photocopy of a US government-issued photo-ID, such as a driver’s license, as proof of identity
☐ Copy of current DC License
☐ CPR for Healthcare Professional Certification
☐ Proof of successful completion of a ACPE certification course approved by the Board of Pharmacy.
☐ Check, Money Order or Certified Check payable to DC Treasurer for $50

**A pharmacy intern registering for the sole purpose of completing an IPPE or APPE is not required to provide documentation of a preceptor or notify the Board when the pharmacy intern changes preceptors or worksite.

899 North Capitol Street NE, 2nd Floor, Washington, D.C. 20002 Telephone 1 (877) 872-2174 Fax (877) 862-4252

PLEASE INCLUDE THIS FORM WITH YOUR APPLICATION

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