

NAPLEX Score Transfer Form

If you are a licensed pharmacist, do not submit this form. Please contact NABP's Customer Service Department for further information.

Please refer to pages 26 and 27 of this *Bulletin* for more information about the NAPLEX Score Transfer Program, including a list of participating states. The applicant is responsible for contacting each state to determine eligibility for licensure in that state. The filing and acceptance of this agreement does not ensure eligibility for licensure in any state to which the score is transferred. **Candidates must submit this form with the proper NABP fee at least one day prior to the date on which they take the NAPLEX. There are no exceptions to this policy.**

The applicant is to complete the following (Please PRINT):

NAME:

First Middle Last

Date of Birth Social Security Number

ADDRESS: Please indicate if address supplied is Home or Business.

Street Address

City State Zip Code

Home Telephone Number Work Telephone Number

NAPLEX STATE OF ELIGIBILITY: _____

(Box 23 of computerized examination registration form.)

Indicate in the spaces below each state to which you wish your NAPLEX score to be transferred.

State: _____ State: _____

State: _____ State: _____

State: _____ State: _____

State: _____ State: _____

State: _____ State: _____

The NAPLEX scaled score is the score that is transferred.

Please check form of payment: money order bank draft certified check

DO NOT SEND PERSONAL CHECKS OR CASH.

Amount Enclosed: (Note: The NAPLEX score transfer fee for **each state** is \$75.) _____

Date

Applicant's Signature

Mail this completed form and the appropriate fees to:

**National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056**