



## Iowa Pharmacist Licensure Reexamination Application

### Licensee Information

Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address Apt/Suite  
City State Zip Code

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_

### Examination Information

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): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions

**NAPLEX®:** Complete this application and mail it with a fee of \$36 made payable to the Iowa Board of Pharmacy to the address below. Complete the internet-based NAPLEX® registration form and credit card payment fee process, which can be found at [www.nabp.pharmacy/programs/examinations/](http://www.nabp.pharmacy/programs/examinations/).

**MPJE®:** Complete this application and mail it with a fee of \$36 made payable to the Iowa Board of Pharmacy to the address below. Complete the internet-based MPJE® registration form and credit card payment fee process, which can be found at [www.nabp.pharmacy/programs/examinations/](http://www.nabp.pharmacy/programs/examinations/).