



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/.

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/.