

## **Pharmacist Reinstatement Instructions**

The following may use this form to reinstate:

- CT Pharmacist license **issued by examination or reciprocity and has been inactive for 2-5 years.**
- CT Pharmacist license **issued by examination and has been inactive for 5 years or more.** **NOTE: CT pharmacist licensed by reciprocity must reapply as a reciprocal application and are not eligible to reinstate if the license has been inactive 5 years or more.**

All reinstatement applicants must provide copies of CE certificates for the two year prior to reinstatement.

Applicants with a license inactive for 5 years or more are required to pass the NAPB Multi-State Jurisprudence Examination administered by the Pearson VUE.

### **Fees:**

- **License Inactive 2-5 years: \$132.00 for each two (2) year period that the license was inactive**
- **License Inactive 5 years or more: \$200.00**

A check or money order in the amount indicated above made payable to “**Treasurer, State of Connecticut**” must accompany reinstatement application. Application fees are non-refundable.

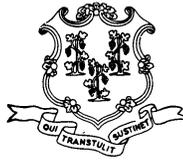
### **NABP Multi-State Pharmacy Jurisprudence Examination (MPJE):**

- Applicants with a license inactive for 5 years or more are required to pass the NABP-MPJE administered by Pearson VUE. A minimum score of 75 is required.
- Applicants must register with NABP just prior to applying for reinstatement. The NAPLEX/MPJE Registration Bulletin is available online at [www.nabp.net](http://www.nabp.net).
- Once you have submitted all necessary information to this office and have registered to take the MPJE you will receive an Authorization to Test (ATT) directly from Pearson VUE.

**→ Return the completed reinstatement form, documentation, and applicable fee to:**

**Department of Consumer Protection  
License Services Division  
450 Columbus Blvd., Ste. 801  
Hartford, CT 06103**

STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 License Services Division  
 450 Columbus Blvd., Ste. 801  
 Hartford, CT 06103  
 Email: [DCP.PharmacyCommission@ct.gov](mailto:DCP.PharmacyCommission@ct.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## Pharmacist License Reinstatement Form

The license number you wish to reinstate must be entered on this form. Please return this completed application, fee and copies of CE certificates to the above address. All licenses expire bi-annually on January 31<sup>st</sup> of every even year.

Check (✓) one:

- Pharmacist license issued by examination or reciprocity and has been Inactive for 2-5 years: \$132.00 for each two-year period of expiration including copies of CE certificates for the two year prior to reinstatement.**
- Pharmacist license issued by examination and has been Inactive for 5 or more years: \$200.00,** including copies of CE certificates for the two year prior to reinstatement. Applicants will be required to take the NABP Multi-State Pharmacy Jurisprudence Exam (MPJE).

Pharmacist License Number to be Reinstated	Expiration Date of License

### Section I: Applicant Information

First Name		Middle Name		Last Name	
Residence Street Address			City	State	Zip Code
Mailing Address (if different from above)			City	State	Zip Code
Telephone Number	Email Address		Social Security Number		Date of Birth

1. Have you ever had a Pharmacist license surrendered, suspended, revoked, limited, denied or is any such action pending in any state or jurisdiction?  YES  NO If Yes, attach a statement indicating the jurisdiction and the type of action taken or pending.
2. Have you ever been convicted of a felony?  YES  NO If Yes, please attach a statement indicating the type(s) of crime(s) for which you were convicted, the date(s) and court(s) where the conviction(s) occurred and a description of the circumstances.

### Section IV: Attestation

I, \_\_\_\_\_ declare under penalty of perjury, under the laws of the State of Connecticut, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

*(Printed Name of Applicant)*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*