Formulario de Solicitud de Examen de Reválida

Favor de llenar en su totalidad en letra de molde

Información Personal

_____ _____ _____ _____
Primer Apellido **Segundo Apellido** **Primer Nombre** **Inicial**

_____ _____ **F** ☐ **M** ☐
Seguro Social
***Últimos 4 dígitos**

_____
Fecha de Nacimiento
dd/mm/yyyy

Ciudadanía: _____

_____ _____ _____
Teléfono Celular **Teléfono Hogar** **Teléfono Trabajo**

_____
e-mail Ejemplo: user@yahoo.com

Información de Contacto
Dirección Postal

_____

_____

_____

_____
País, Ciudad, Código Postal

Examen:

☐ **LEGISLACIÓN FARMACÉUTICA**

Número de Intento: _____

Institución de Procedencia: _____

Para uso de la ORCPS: Certificado Permanente: _____ **Fecha:**_____

Visto Bueno: _____

mirizarry@salud.pr.gov

APLICATION FOR EXAMINATION

Name: _____

Physical Address: _____

_____

Postal Address: _____

_____

Telephone: Work_____ **Residence** _____ **Cellular** _____

Social Security Num. _____ **Date of Birth** _____

E-MAIL: _____

Adhiere
Picture
Passport Size

AFFIDAVIT

State or of (territory) _____ country of (or city) _____
says that _____ he (her) is the person referred to in this application and that the statements herein contained are true in every respect, and that the attached photograph is a true likeness of her (him) self taken within the last sixt months.

SUBSCRIBED AND SWORN TO BEFORE ME this ____ day of _____ 20___. Witness may hand and seal hereunto attached.

AFFIDAVIT NUM.:_____

Notarial
Seal

_____
Signature of Notary Public

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APPLICANT'S PERSONAL INFORMATION

1. Has your name ever been changed? Yes _____ No _____
   If so, give date and place of such change _____
   Give the original name _____

2. Place of birth _____ Age: _____
3. Are you a citizen of the United States? Yes _____ No _____ (If naturalized, give date and place of naturalization _____
4. Have you ever practiced pharmacy illegally? Yes _____ No _____
5. Have you ever been convicted of, or indicted for any crime? Yes _____ No _____ If so, state facts in the case here or on separate sheet and attach _____
6. Do you suffer of any physical or mental condition? Yes _____ No _____ (If yes, please submit a Doctor's Certification than explain your condition at the same date of this application).
7. Do you need special accommodation? Yes _____ No _____ (If yes, please present evidence for this petition).

HIGH SCHOOL EDUATION

I was graduated from the _____

High School, located at _____, Puerto Rico, on the _____day of _____, 20_____

COLLEGE OR UNIVERSITY EDUATION

Name and location of institution attented	Period of attendace (for example, October 1993 to May 1994)
1st year	
2nd year	
3rd year	
4th year	

I have credit for _____ of college work. I received the degree of _____ from _____ on the day of _____.

mirizarry@salud.pr.gov

I attended _____ full courses (credits) Pharmacy lectures as follows:

At _____

from the _____day of _____, 20 ____

to the _____day of _____, 20 ____

At _____

from the _____day of _____, 20 ____

to the _____day of _____, 20 ____

At _____

from the _____day of _____, 20 ____

to the _____day of _____, 20 ____

At _____

from the _____day of _____, 20 ____

to the _____day of _____, 20 ____

At _____

from the _____day of _____, 20 ____

to the _____day of _____, 20 ____

At _____

from the _____day of _____, 20 ____

to the _____day of _____, 20 ____

I was granted a Diploma of Doctor of Phamacy by _____

located at _____ state of _____

On the _____ day of _____, 20_____

mirizarry@salud.pr.gov

CERTIFICATE OF GOOD MORAL CHARACTER

(To be filled and signed by a Registered Pharmacist not related to applicant)

This certifies that I have been personally acquainted with _____ for _____years that know him/her to be of good moral character, and that I hereby recommend him/her to the Board of Pharmacy of Puerto Rico as entirely worthy of examination for a license to practice Pharmacy pursuant to law.

_____ _____

NAME OF PHARMACIST SIGNATURE OF AFFIANT

ADDRESS: _____ TELEPHONE:_____

_____ _____

_____

Graduated in the year _____ of _____ License No. _____ Issued by _____.

The following documents are considered part of this application

- Official application for examination duly fulfilled
- Original and copy of the School of Pharmacy Diploma
- Official transcript of subjects and grades in pharmacy, must be requested from the School of Pharmacy to be sent directly to the Board of Pharmacy of Puerto Rico, at the following address:

Office of Regulations and Certification of Health Professionals/
Puerto Rico Board of Pharmacy
P.O. Box 10200
San Juan, Puerto Rico 00908-0200

- Certification issued by the register of the university where you obtained your degree of Bachelor in Pharmaceutical Sciences, showing that you completed such degree and the date of graduation.
- Birth Certificate (Original and copy)
- Certificate of Penal Record, issued by the Department of Police (Original)
- Health Certificate – From a Public Hospital or Private Physician
- Postal Money Order or Certified Check payable to the Secretary of Treasure of Puerto Rico in the amount of $200.00 or ATH, VISA or MASTERDARD (local examination).
- Only the Puerto Rico University and the universities recognized by the American Council on Pharmaceutical Education are approved by this Board.
- All information requested in this application must be submitted.
- Postal Money Order or Certified Check payable to **Didaxis** on the amount of $75.00. You can also pay by ATH, VISA or MASTERCARD. CASH OR PERSONAL CHECKS IS NOT ACCEPTED. Payment centers are the following:

  Didaxis Centro Metro, Club Rotario de Rio Piedras, Urb. Caribe, 1609 Calle Ponce de León Carr. Núm. 1 de Río Piedras, P.R. 00928. Tel. (787) 296-8385. www.didaxispr.com.

- Criminal Record Certificate (ORIGINAL) issued by the Puerto Rico Police with no more than three (3) months prior to the requested test.
-

National Association of Board of Pharmacy Licensure Examination (Naplex)

- Postal Money Order or Certified Check payable to the Secretary of Treasure of Puerto Rico on the amount of $500.00.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
OR AFTER THE DUE DATE