

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511
\$50.00 application fee required.

PHARMACIST TEMPORARY LICENSE REQUEST

TO BE COMPLETED BY APPLICANT:

Name: _____ Telephone: _____

Address: _____

Employing Facility: _____ Telephone: _____

Address: _____

Date Employment Begins: ___/___/___

I hereby certify that I have registered to take the NABP and MJPE examinations, and meet all other requirements for licensure as a Pharmacist in Utah. I have secured employment conditioned upon the issuance of a temporary license, and I will not practice until I have been granted a temporary license. Once the temporary license has been issued, I will only practice under direct on-site supervision of a licensed pharmacist.

Signature of Applicant: _____ Date: ___/___/___

TO BE COMPLETED BY SUPERVISING PHARMACIST:

Name: _____

Address: _____ Telephone: _____

Position or Title: _____ License Number: _____

I hereby certify that I am a licensed pharmacist in good standing and I will supervise the practice of the above named applicant. I understand that I must provide direct supervision, and be on the same site as the applicant.

Signature of Supervisor: _____ Date: _____

A temporary pharmacist license expires the earlier of:

- (1) six months from the date of issuance;
- (2) the date upon which the Division receives notice from the examination agency that the applicant has failed either examination twice; or
- (3) the date upon which the Division issues the applicant full licensure as a pharmacist.