



DEPARTAMENTO DE

SALUD

GOBIERNO DE PUERTO RICO

APPLICATION FOR RECIPROCITY

PUERTO RICO BOARD OF PHARMACY

APPLICANT'S NAME: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

E-MAIL: _____

SOC. SEC. NO. (Last four digits): _____ CITIZEN SHIP: _____

BIRTH PLACE: _____

SCHOOL OF PHARMACY: _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION TO:

PUERTO RICO BOARD OF PHARMACY

PO BOX 10200

SAN JUAN, PUERTO RICO 00908-0200

1. APPLICATION FOR PR LAW EXAMINATION COMPLETELY FILLED
2. TRANSCRIPTS AND DOCTORAL CERTIFICATION (TO BE SENT DIRECTLY FROM THE INSTITUTION TO OUR OFFICE)
3. SCHOOL OF PHARMACY DIPLOMA
4. BIRTH CERTIFICATE / HEALTH CERTIFICATE
5. EVIDENCE OF NAPLEX RESULTS
6. BACKGROUND CHECK FROM YOUR STATE OF RESIDENCE
7. LICENSE VERIFICATION (IF ALREADY HAVE AN USA LICENSE AND HAVE BEEN WORKING FOR AT LEAST ONE YEAR IN THE JURISDICTION WHERE YOU HAVE OBTAINED YOUR PHARMACIST LICENSE)
8. HEALTH CERTIFICATE
9. ASUME CERTIFICATION AND PR CRIMINAL RECORD (NO OLDER THAN 30 DAYS)
10. PAYMENT OF \$1500.00 MONEY ORDER PAYABLE TO: SECRETARIO DE HACIENDA OR ATH, VISA, MASTER CARD. **NON-REFUNDABLE PAYMENT**