

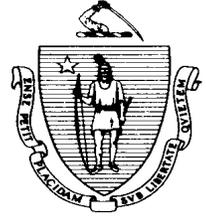
**Massachusetts Board  
of  
Registration in Pharmacy**

**NAPLEX/MPJE Examination  
And  
Licensure Application**

**Professional Credential Services, Inc.**

**P.O. Box 198788  
Nashville, Tennessee 37219**

**Massachusetts Board of  
Registration in Pharmacy**  
**NAPLEX/MPJE Examination  
and Licensure Application**



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The Massachusetts Board of Registration in Pharmacy (Board) has contracted Professional Credential Services (PCS) to process all of its applications for examination and licensure for pharmacists. **Applicants for a license as a pharmacist must submit all of their information directly to PCS.**

**REQUEST FOR INFORMATION**

Applicants may contact PCS at [pharmacylicense@pcshq.com](mailto:pharmacylicense@pcshq.com) or toll-free (877) 887-9727, to obtain information. PCS staff is available Monday through Friday, 8:00 a.m. to 4:30 p.m. (CST). Please allow one week for processing of application.

**ELIGIBILITY REQUIREMENTS**

To qualify for a Licensure Pharmacist, the candidate must achieve a NAPLEX score of no less than seventy-five percent (75%) and a MPJE score of no less than seventy-five percent (75%).

A candidate who fails to achieve a passing score on NAPLEX and/or MPJE may reschedule to take one or both examinations, provided that the candidate submits a re-examination application along with the appropriate fees to PCS as it appears on the examination application form. Also, candidates are required to go on-line to [www.nabp.net](http://www.nabp.net) and apply for examination(s) and pay the fee(s). If the candidate does not pass both NAPLEX and MPJE within this one-year period, the candidate must apply to re-take both NAPLEX and MPJE.

**NOTE:** Out-of-state experience is acceptable with a letter of verification from that state's Board of Pharmacy, College and/or School of Pharmacy and/or a Preceptors Affidavit of Internship Hours.

***(247 Code of Massachusetts Regulations 3.00)***

**Graduates of ACPE-accredited and Board-approved colleges/schools of pharmacy:** An applicant shall be eligible for examination for personal registration as a pharmacist, provided the applicant is 18 years old by the scheduled date of the examination applied for; has earned a qualifying degree in pharmacy from a college/school of pharmacy accredited by the ACPE or approved by the Board; and has acquired no less than 1500 hours of practical experience as a pharmacy intern under the supervision of a Board-approved pharmacist preceptor, of which 1000 hours are received from the University and shown on the Verification of Graduation and at least 500 more hours must be completed in a pharmacy or pharmacy-related setting, as set forth in 247 CMR 8.01; and is of good moral character.

**Graduates of non-approved colleges/schools of pharmacy:** In order for a graduate of a non-approved college/school of pharmacy to be eligible to apply for examination for personal registration as a pharmacist, the applicant must have received Foreign Pharmacy Graduate Examination Committee (FPGEC) Certification from NABP. An applicant who has graduated from a non-approved college/school of pharmacy shall be eligible for examination for personal registration as a pharmacist provided the following requirements are met: the applicant is 18 years old by the scheduled date of the examination applied for; the applicant has received official FPGEC Certification from NABP; the Board has received official notification from the NABP of the applicant's FPGEC Certification; the applicant has acquired no less than 1500 hours of practical experience as a pharmacist intern under the supervision of a Board-approved pharmacist preceptor of which at least 1000 hours must be completed in a pharmacy or pharmacy-related setting, as set forth in 247 CMR 8.01; and is of good moral character.

**LICENSURE INFORMATION**

A Verification of Graduation form must be submitted indicating that the applicant has graduated and that the Date of Degree has been conferred. New applicants applying for NAPLEX/MPJE must also submit a copy of their birth certificate or a copy of their driver's license.

To obtain more information on-line about NAPLEX/MPJE and pharmacy licensure requirements, visit:  
[www.mass.gov/dpl/boards/php/](http://www.mass.gov/dpl/boards/php/) and/or [www.nabp.net](http://www.nabp.net)

**First-Time Applicants: (NAPLEX and MPJE)** Applicants who have not taken the NAPLEX and/or MPJE must complete the licensure application and send it (along with the fee) to PCS. **They must also go to [www.nabp.net](http://www.nabp.net) and apply online for the exam(s).** Once all of the Board requirements have been met and NABP has sent the eligibility roster to PCS, the candidate may be approved. After approval, NABP will send the Authorization to Test (ATT) notice and scheduling instructions directly to the candidate. NABP will score the examination and submit examination scores to PCS. PCS will then notify the candidate of the examination results.

**Score-Transfer Applicants:** An applicant shall be eligible for examination for personal registration as a pharmacist provided the applicant:

- a) requested through NABP their NAPLEX score be sent to Massachusetts prior to taking the NAPLEX, and applied to complete the process by passing the MA MPJE within a year after passing the NAPLEX.
- b) is **18** years of age by the scheduled date of the examination applied for
- c) has earned a qualifying degree in pharmacy from a college/school of pharmacy accredited by the ACPE or approved by the Board or if foreign educated has completed the FPGEE process.
- d) has acquired no less than 1500 hours of practical experience as a pharmacy intern under the supervision of a Board-approved pharmacist preceptor, of which at least 1000 hours must be completed in a pharmacy or pharmacy-related setting, as set forth in 247 CMR 8.01
- e) is of good moral character.

**Reinstatement Applicants/Consent Agreement Applicants:** An applicant must be authorized by the Board to take the NAPLEX/MPJE however the boards deems necessary. If you have not been authorized by the Board, you are ineligible to test.

**Reciprocity Applicant Information:** If you are applying for Licensure by Reciprocity, please visit [www.pcshq.com](http://www.pcshq.com) or call PCS to obtain a Pharmacist Reciprocal Licensure Application.

**Score Information:** Score results will be available approximately **seven business days** after you have taken the examination by visiting the following website:

<http://www.nabp.net/programs/examination/naplex/naplex-and-mpje-score-results/>

#### **FEES FOR EXAMINATION & LICENSURE**

##### **First-time applicants**

<b>NAPLEX &amp; MPJE</b>	.....	<b>\$421</b>
<b>Score Transfer</b>	.....	<b>\$375</b>
<b>Reinstatement</b>	.....	<b>\$75</b>

All fees include processing of licensure application. Payment can be made to PCS by Money Order, made payable to PCS, or by Visa or MasterCard (including debit cards) by completing the Credit Card Authorization portion of the application. **Fees Submitted Cannot be Refunded or Transferred.**

#### **MATERIALS TO BE SUBMITTED BY APPLICANT**

1. Completed licensure application, including notarized signature.
2. Verification of Graduation form (*except Reinstatement/Board Consent applicants*).
3. Copy of birth certificate, valid passport, or driver's license.
4. 2"x 2" passport-sized photograph (signed by applicant and attached to application).
5. Payment Form with completed Visa/Master Card information, or Money Order made payable to PCS.
6. An official report of your NAPLEX score sent directly from NABP (*Score Transfer applicants only*).

**If the application is incomplete, you will be notified by PCS via e-mail of the situation.**

#### ***MAIL COMPLETED APPLICATION MATERIALS TO:***

**Professional Credential Services, Inc.  
Attn: MA Pharmacy Coordinator  
P.O. Box 198788  
Nashville, TN 37219**

### **Requirement for Social Security Number**

The Massachusetts Board of Registration in Pharmacy Staff (Board) wishes to inform applicants that a social security number (SSN) is required in order to obtain any professional pharmacy license, including that of a pharmacy intern or pharmacist.

As mandated by Massachusetts law, the Board requires license applicants to submit a valid SSN as a condition of issuing or renewing the license. M.G.L. c. 30A, § 13A.

The Board recognizes an exception to this rule for issuing initial licenses to foreign applicants not physically present in the United States, and individuals whose visa for entry is related to employment involving a professional license. See 8 U.S.C. § 1621.

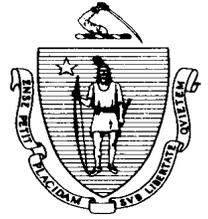
Once the license has been issued, license holders must obtain and submit a valid SSN as a condition of license renewal.

### **Criminal Records Check**

An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

**Massachusetts Board of  
 Registration in Pharmacy**

**NAPLEX/MPJE Examination  
 and Licensure Application**



**Type of Applicant:**  
 (please check one)

First-time       Score Transfer       Reinstatement/Board Consent

**A. Biographical Information.**  
 Provide your full name, date of birth, social security number, and mailing address.

\* Social security number is MANDATORY, pursuant to MGL c. 62C, s.47A. The Dept. of Revenue will use your social security number to determine if you are in compliance with Commonwealth tax laws.

SOCIAL SECURITY NUMBER (SSN) --

First Name                      Middle Name                      Last Name                      Suffix/Other/Maiden

MOTHER'S MAIDEN NAME \_\_\_\_\_  FEMALE     MALE

DATE OF BIRTH -- PLACE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ (FT) \_\_\_\_\_ (IN) WEIGHT \_\_\_\_\_ (LBS) EYE COLOR \_\_\_\_\_

**Home Address**

Street Address or P.O. Box \_\_\_\_\_

City                                      State                                      ZIP Code

Telephone Number                      Fax Number                      Email Address

**B. Education.**

Provide Undergraduate and Graduate College or University information, major, degree, and date of graduation. Foreign applicants, please use Pharmacy School Code 999.

**College/University      Location      Major      Degree & Date of Graduation**

1) \_\_\_\_\_

2) \_\_\_\_\_

Pharmacy School Code

(refer to attached Pharmacy School Codes List)

**C. Foreign Credentials.**

To be completed by graduates of non-approved colleges or schools of pharmacy. A certified copy of your FPGEC Certification must be included with this application

Have you previously taken the FPGEC?     Yes                       No

If yes, did you pass?     Yes                       No

Are you certified?     Yes                       No

EE Number \_\_\_\_\_

**D. Prior Examination**

**Information.**

Indicate if you have previously ever taken the NAPLEX or MPJE for ANY state.

Have you taken the NAPLEX?  Yes  No

If yes, please provide date of examination: \_\_\_\_\_

Have you taken the MPJE?  Yes  No

If yes, please provide date of examination: \_\_\_\_\_

**E. Special Accommodations**

Check here if you request special accommodations at the examination site for a disability. **Please attach official medical documentation describing your condition.**

**F. Licensure By Score Transfer or Reinstatement.**

This section is applicable to persons holding a license as a pharmacist issued by another state.

Have you ever been licensed or are you currently licensed in another state or U.S. jurisdiction?

Yes  No If yes, please complete the following:

STATE	LICENSE NUMBER	DATE LICENSED	CURRENT	LAPSED	REVOKED/SUSPENDED	PROBATION

**LICENSURE BY SCORE TRANSFER OR REINSTATEMENT APPLICANTS ONLY**

If you have been licensed to practice as a pharmacist in another state, you must make arrangements with each state to send a letter of verification of licensure status (either current or expired) directly to Professional Credential Services (PCS). It is the applicant's responsibility to notify the state and pay any fees required by another licensing state. A copy of your license is not acceptable as verification. The verification must have the official state seal and be on their letterhead.

**G. Questions.**

Answer each of the questions listed. If you answer yes to any, please attach a typewritten 8 1/2" by 11" sheet(s) of paper which provides dates and details describing the circumstances related to the matters on the matter(s); provide certified copies of court documents of any convictions (defined as any plea that is accepted by a court); and complete a Criminal Offender Record Information Request (CORI) Form (available at pcsq.com). (Note: Conviction of a crime does not necessarily bar registration; however, failure to disclose may result in denial of application or other disciplinary action by the Board.)

- Has any disciplinary action been taken against you by a licensing or certification board located in the United States or any country or foreign jurisdiction?  Yes  No
- Are you the subject of pending disciplinary action by any licensing or certification board located in the United States or any country or foreign jurisdiction?  Yes  No
- Have you voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or any country or foreign jurisdiction?  Yes  No
- Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction?  Yes  No
- Have you been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any investigation or any court proceeding in relation to any felony or misdemeanor charge? If YES, please attach a typewritten 8 1/2" by 11" sheet(s) of paper which provides dates and details describing the circumstances related to the matters on the matter(s); provide certified copies of court documents of any convictions (defined as any plea that is accepted by a court); and complete a Criminal Offender Record Information Request (CORI) Form (available at pcsq.com). (Note: Conviction of a crime does not necessarily bar registration; however, failure to disclose may result in denial of application or other disciplinary action by the Board.)  Yes  No
- Are you presently practicing/working as a Pharmacist? If yes, please state where you are working, when you started and what your duties include.  Yes  No

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**H. Affidavit.**

By signing this application, the applicant attests that this application has been read and fully understood. The application must be signed by the applicant **and in the presence of a Notary Public** in order to be processed.

**By my signature below, I certify under the pains and penalties of perjury, that:**

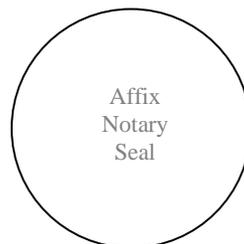
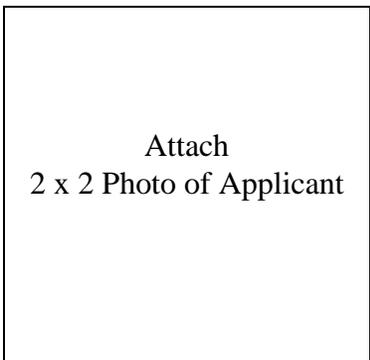
1. I am the applicant named in this application and pictured in the attached photograph.
2. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Registration in Pharmacy to deny this application and/or revoke the right to function as a Pharmacy Technician, in accordance with Massachusetts law.
3. I understand that the Massachusetts Board of Registration in Pharmacy has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for initial licensure and/or registration by examination or by reciprocity, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.
4. I certify that I have completed 1500 hours of internship experience in accordance with the Board Regulations at 247 CMR, Section 8.01, et seq.
5. I agree that in the event my examination papers are lost, or if the examination is not held for any reason, any claim that I may have will be limited to the examination fee paid by me.
6. I understand that this application is void if requirements are not met within one year from the date of receipt. I also understand that the fees are non-refundable and non-transferrable.
7. I am responsible for reading, understanding, and abiding by the rules and regulations of the Board of Registration in Pharmacy; statutes pertaining to the practice of pharmacy (M.G.L. c.112, ss. 24-42 and c. 94C); and 247CMR (Commonwealth of Massachusetts Regulations).
8. Pursuant to M.G.L. c. 119, s. 51A and M.G.L. c. 112, s. 1A, I understand my obligation to report the abuse or neglect of children.
9. Pursuant to M.G.L. c. 62C, s. 49A, to the best of knowledge and belief, I have filed all Massachusetts state income tax returns and paid all taxes required by law.

\_\_\_\_\_  
Applicant Signature *(signed in the presence of a Notary Public)* \_\_\_\_\_  
Date

Print Name of Notary Public \_\_\_\_\_

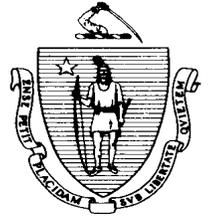
\_\_\_\_\_  
Signature of Notary Public

My commission expires on: \_\_\_\_\_  
Month/Day/Year



## Pharmacy School Code List

State	Code	School	State	Code	School
AL	002	Samford University	NC	046	University of NC, Chapel Hill
AZ	082	Midwestern University–Glendale	NC	075	Campbell University
AZ	003	University of Arizona	NC	092	Wingate University
AR	096	Harding University	ND	047	North Dakota State University
AR	004	University of Arkansas	OH	101	Northeastern Ohio Universities
CA	094	California Northstate	OH	048	Ohio Northern University
CA	005	University of California, San Francisco	OH	049	Ohio State University
CA	006	University of the Pacific	OH	050	University of Cincinnati Medical Center
CA	007	University of Southern California	OH	102	University of Findlay
CA	084	Western University of Health Sciences	OH	051	University of Toledo
CA	089	Loma Linda University	OK	052	Southwestern OK State University
CA	097	Touro University	OK	053	University of Oklahoma
CA	090	University of California, San Diego	OR	054	Oregon State University
CO	008	University of Colorado	OR	103	Pacific University
CT	009	University of Connecticut	PA	055	Duquesne University
DC	010	Howard University	PA	088	Lake Erie College of Osteopathic Medicine School of Pharmacy
FL	011	Florida A & M University	PA	056	University of the Sciences in Philadelphia
FL	076	Nova Southeastern University	PA	057	Temple University
FL	086	Palm Beach Atlantic College	PA	058	University of Pittsburgh
FL	012	University of Florida	PA	080	Wilkes University
GA	013	Mercer University	PA	095	Thomas Jefferson University
GA	091	South University	PR	059	University of Puerto Rico
GA	014	University of Georgia	RI	060	University of Rhode Island
HI	098	University of Hawaii	SC	061	Medical University of South Carolina
ID	015	Idaho State University	SC	104	South Carolina College
IL	016	University of Illinois, Chicago	SC	062	University of South Carolina
IL	099	Southern Illinois University	SD	063	South Dakota State University
IL	077	Midwestern University	TN	064	University of Tennessee, Memphis
IN	017	Butler University	TN	105	East Tennessee State University
IN	018	Purdue University	TX	106	Texas A&M
IA	019	Drake University	TX	065	Texas Southern University
IA	020	University of Iowa	TX	078	Texas Tech University
KS	021	University of Kansas	TX	066	University of Houston
KY	093	Sullivan University	TX	107	University of the Incarnate Word
KY	022	University of Kentucky	TX	067	University of Texas at Austin
LA	023	University of LA, Monroe (NE Louisiana University)	UT	068	University of Utah
LA	024	Xavier University of Louisiana	VA	108	University of Appalachia
MD	025	University of Maryland	VA	083	Hampton University
MA	026	Mass. College of Pharmacy, <b>Boston</b>	VA	081	Shenandoah University
MA	085	Mass. College of Pharmacy, <b>Worcester</b>	VA	069	Virginia Commonwealth University
MA	027	Northeastern University	WA	070	University of Washington
MI	028	Ferris State University	WA	071	Washington State University
MI	029	University of Michigan	WV	109	University of Charleston
MI	030	Wayne State University	WV	072	West Virginia University
MN	031	University of Minnesota	WI	073	University of Wisconsin-Madison
MS	032	University of Mississippi	WY	074	University of Wyoming
MO	033	St Louis College of Pharmacy			
MO	034	University of Missouri, Kansas City	<b>Lebanon</b>	300	Lebanese American University
MT	035	University of Montana			
NE	036	Creighton University	<b>Other</b>	999	Other
NE	037	University of Nebraska			
NJ	038	Rutgers, the State University of NJ	<b>Canadian Schools</b>		
NM	039	University of New Mexico		200	University of Alberta
NV	087	University of Southern Nevada		201	University of British Columbia
NY	040	Columbia University		202	Dalhousie University
NY	041	Fordham University		203	Université Laval
NY	042	Long Island University		204	University of Manitoba
NY	100	St John Fisher College		205	Memorial University of Newfoundland
NY	043	St John's University		206	Université de Montréal
NY	044	State University of NY at Buffalo		207	University of Saskatchewan
NY	045	Albany College of Pharmacy		208	University of Toronto



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## Verification of Graduation

Pharmacist applicants who have earned a qualifying degree in pharmacy from a college/school of pharmacy accredited by the ACPE or approved by the Board must have the college/school registrar complete this form. Applicants are required to submit the completed form with their application to PCS.

**NOTICE TO REGISTRAR:** This form is **not** to be signed, dated, or submitted prior to the date the degree has been conferred.

**TO BE COMPLETED BY REGISTRAR ONLY.**

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Applicant Name	Social Security Number	
Name of Educational Institution	Degree & Date of Degree Conferral	
Street Address	City, State	ZIP Code

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Date of Completion	Number of years completed	Number of Internship Hours Authorized
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Is this program's ACPE accreditation current? Yes  No

I certify, under penalty of perjury, that the applicant named above has **completed all requirements** and there are no impediments to confer the degree stated above.

**School Seal  
(Embossed)**

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**Signature of Registrar**

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**Print Name**

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**Date**

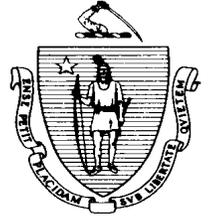
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**Telephone Number**

Return this form in sealed envelope **to the applicant**; to be submitted with the completed examination/licensure application.

**Massachusetts Board of  
Registration in Pharmacy**

**NAPLEX/MPJE Examination  
and Licensure Application**



**Payment Form**

**NAPLEX & MPJE - \$421      Score Transfer - \$375      Reinstatement - \$75**  
**Reexamination Fees - NAPLEX only \$121    MPJE only \$75      NAPLEX/MPJE both \$121**

Please check form of payment below:

Money Order

Please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. Do Not staple your payment to this form.

Credit Card

Authorized payment amount: \$ \_\_\_\_\_ Please check one:  Visa     MasterCard

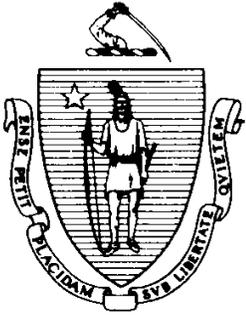
Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application/Scheduling Form.**

**NOTE:** this document will be shredded after it has been processed.



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure

Board of Registration in Pharmacy  
239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor  
Boston, MA 02114

<http://www.mass.gov/reg/boards/pharmacy>

PH (617) 973-0960 FAX (617) 973-0980 TTY (617) 973-0895

TO: Pharmacist Licensure Applicants  
FROM: The Massachusetts Board of Registration in Pharmacy  
RE: Multistate Pharmacy Jurisprudence Examination (MPJE®)

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The Board of Registration in Pharmacy (Board) advises all applicants for licensure as a pharmacist in the Commonwealth of Massachusetts by examination, score transfer, reciprocity or reinstatement to review the reference sources listed below to prepare for the Multistate Pharmacy Jurisprudence Examination (MPJE). This reference document with related web site links may be accessed on the Board's web site (Rules & Regulations icon) at <http://www.mass.gov/dpl/boards/ph/index.htm>.

### **THE MULTISTATE PHARMACY JURISPRUDENCE EXAMINATION (MPJE)**

The MPJE is a two-hour, computer-adaptive examination developed by the National Association of Boards of Pharmacy (NABP) for use by state boards of pharmacy. The MPJE is based in a nationally uniform content blueprint with questions that are tailored to assess the pharmacy jurisprudence requirements of individual states.

Utilizing the MPJE enables the boards of pharmacy to fulfill one aspect of their mission to safeguard the public health and welfare by allowing candidates to demonstrate their ability to meet the responsibilities of pharmacy practice.

The MPJE consists of 90 multiple-choice questions, 30 of which are designated as pre-test questions that do not affect the candidate's score. The examination content blueprint, which is the percentage of questions asked in each of the MPJE competency areas, is uniform for all candidates. For additional information regarding the MPJE Competency Statements (blueprint), consult the NAPLEX/MPJE Registration Bulletin available on-line at [www.nabp.net](http://www.nabp.net).

The individual questions within each content area will differ from candidate to candidate, depending upon their ability level as estimated by the computer's technology. Therefore, candidate scores are not based solely on the number of correct answers, but on an estimate of the candidate's ability level based on the difficulty of the questions and the number of questions answered correctly.

The MPJE is administered Monday through Friday, excluding holidays, through the Thomson Prometric Testing Centers (800-796-9860) (800-529-5390 TTD) ([www.prometric.com](http://www.prometric.com)). If you experience difficulty scheduling an appointment, contact Thomson Prometric Candidate Care at (800-853-6769).

## **1. Board of Registration in Pharmacy Regulations 247 CMR Sections 2.00 – 16.00**

**You are strongly advised to obtain a copy of the Board's Regulations 247 Code of Massachusetts Regulations (CMR) Sections 2.00- 16.00 to prepare for the MPJE. Please verify that you have the current version of the regulations.**

### **247 CMR: BOARD OF REGISTRATION IN PHARMACY**

- 2.00 Definitions
- 3.00 Personal Registration Requirements
- 4.00 Personal Registration Renewal; Continuing Education Requirements
- 5.00 Orally and Electronically Transmitted Prescriptions; Reporting Requirements to the Prescription Monitoring Program (PMP)
- 6.00 Registration, Management and Operation of a Pharmacy or Pharmacy Department
- 7.00 Wholesale Distribution of Prescription Drugs
- 8.00 Pharmacy Interns and Technicians
- 9.00 Code of Professional Conduct; Professional Standards for Registered Pharmacists, Pharmacies and Pharmacy Departments
- 10.00 Disciplinary Proceedings
- 11.00 Registration under the Controlled Substances Act (M.G.L.c.94C)
- 12.00 Restricted Pharmacy
- 13.00 Registration Requirements and Minimal Professional Standards for Nuclear Pharmacies
- 14.00 Petition for Waiver
- 15.00 Continuous Quality Improvement Program
- 16.00 Collaborative Drug Therapy Management

An unofficial copy of the Board's regulations may be accessed on the Board's web site at <http://www.mass.gov/dpl/boards/ph/index.htm>.

## **2. Department of Public Health Regulations 105 CMR Sections 720.00 - 722.00 and Miscellaneous Provisions**

Questions on the MPJE on these regulations include, but are not limited to, the Department of Public Health's Regulations pertaining to:

- (a) The Massachusetts Formulary Law; Interchange; and
- (b) Hospital Pharmacies, Interchange, Prescription Formats, Security Standards for Prescriptions and Labeling.

An unofficial copy of the Department of Public Health regulations may be accessed on the Department's web site at <http://www.mass.gov/dph/dcp/dcp.htm>.

**Official copies of 247 CMR and 105 CMR 720.00 - 722.00 may also be obtained for a fee by requesting the "Pharmacy Package" from:**

Secretary of the Commonwealth  
State Bookstore  
State House, Room 116  
Boston, MA 02133  
Telephone: (617) 727-2834  
Fax: (617) 973-4858  
Email: [bookstore@sec.state.ma.us](mailto:bookstore@sec.state.ma.us)

**Note:** The Executive Office of Administration and Finance regulations 801 CMR Sections 1.00 – 3.00 included in this package are **not** included in the MPJE.

### **3. Massachusetts General Laws (M.G.L.) Chapters 13, 112 and 94C**

Massachusetts General Laws (M.G.L.) may be viewed at the State House Library, any public library or at a library at the schools/college of pharmacy in Massachusetts, or through the website. The General Laws are also viewable on the Internet at <http://www.state.ma.us/legis/laws/mgl/index.htm> (Insert title and section – for example, Chapter 94C, section 33(b))

#### **M.G.L. c. 13, §§ 22 - 25**

- 22 Board; Membership; Qualifications; Appointment; Term
- 23 Meetings; officers; secretary's bond
- 24 Salaries and expenses
- 25 Agents; expenses; duties

#### **M.G.L. c. 112, §§ 24 - 42A**

- 24A Biennial Expiration of Registration: Renewal of Certificates; Striking from Register and Reinstatement
- 24B Standards for School and Colleges of Pharmacy and Courses in Pharmacy
- 24B<sup>1</sup>/<sub>2</sub> (and 24B<sup>3</sup>/<sub>4</sub>) Collaborative Drug Therapy Management
- 25 Records; Annual reports
- 26 Display of Certificate
- 27 Complaint; notice; hearing
- 28 Decision of Board of Registration in Pharmacy; effect
- 29 Suspension
- 30 Unlawful dispensing of controlled substances; penalties...
- 31 Repealed
- 32 Investigation of Complaints
- 33 Access to documents
- 34 Certificate of conviction of pharmacist
- 35 Repealed
- 36 Continuance of business of deceased or incapacitated registered pharmacists
  - 36(a) Licensing of sale, distribution and delivery of drugs or medicines
  - 36(b) Licenses; fees; renewals
  - 36(c) Use of words: wholesale druggist"; inspection and investigation...
  - 36(d) Penalties
- 37 Drug business; definition
- 38 Transaction of retail drug business; registration; permit; display of permit
- 39 Registration; permits; fees; rendering of final decision
  - 39(a) Restricted pharmacies; registration
  - 39(b) Nuclear pharmacies
- 40 Suspension or revocation of registration and permit; notice; hearing
- 41 Penalty
  - 41(a) Patent and proprietary medicines; non-controlled substances; exemption...
- 42 Authorization of expenditures
  - 42(a) Rules and regulations; suspension or revocation of license or permit...

**M.G.L. c. 94C, §§ 1 - 37** (Massachusetts Controlled Substances Act)

- 1 Definitions
- 2 Establishments of Schedules or other controlled substances
- 3 Required Findings for placement of Controlled Substances in Schedules
- 4 Exceptions from Schedules
- 5 Dispensing controlled substances excepted under sec. 4
- 6 Rules and Regulations
- 7 Registration of persons who manufacture, distribute, dispense or possess controlled substances
- 8 Research project and studies
- 9 Authorized Possession, Administration and Dispensation of Controlled Substances; Records; Inspection
- 10 Separate Registration
- 11 Inspection of establishments or registrants or applicants
- 12 Issuance of registration to manufacturer or distribute controlled substances
- 13 Revocation and Suspension of Registration; Grounds; Embargo
- 14 Suspension or Refusal to Renew upon Finding of Imminent Danger to Public Health or Safety
- 15 Record-keeping and Inventory Requirements
- 16 Distribution between registrants; order form
- 17 Necessity of Prescription for Dispensing of Controlled Substances
- 18 Prescriptions; Who May Issue
- 19 Authorized Purposes for Which Prescriptions May Be Issued
- 20 Pharmacist to Reduce Oral Prescriptions to Writing
  - 20(a) Radiopharmaceutical drugs
- 21 Filling of Prescriptions; Required Information on Label
  - 21(a) Prescriptions, Prospective Drug Review and Counseling by the Pharmacist
- 22 Practitioner Prescribing or Dispensing Controlled Substances; Information Required
- 23 Written prescriptions; Requirements and Restrictions
- 24 Dispensing Controlled Substances to Research Subject or Patient; Harmful Quantities from More than One Source; Notification of Practitioners
- 25 Restrictions
- 26 Distribution in course of business in violation of sec. 16
- 27 Sale of Hypodermic Syringes or Hypodermic Needles
- 28 Jurisdiction of Superior Court
- 29 Education Programs for prevention of abuse of controlled substances
- 30 Administrative Inspections of controlled premises
- 31 Classes of controlled substances, establishments of criminal penalties for violations
- 32 Class A controlled substances; unlawful manufacture, distribution, dispensing or possession
  - (32a) Class B controlled substances...
  - (32b) Class C controlled substances...
  - (32c) Class D controlled substances...
  - (32d) Class E controlled substances...
  - (32e) Trafficking in marihuana, cocaine, heroin, morphine, opium, etc.
  - (32f) Unlawful manufacture, distribution, dispensing or possession...
  - (32g) Counterfeit substances; unlawful creation, distribution, dispensing or possession...
  - (32h) Prosecutions
  - (32i) Drug paraphernalia
  - (32j) Controlled substances violations...
  - (32k) Inducing or abetting minor to distribute or sell controlled substances
- 33 Unlawful use of registration numbers in manufacture or distribution...

- 34 Unlawful possession of particular controlled substances including heroin...
- 35 Unlawful presence at a place where heroin is kept or being in company of...
- 36 Protective Custody of children found present where controlled substances are...
- 37 Theft of controlled substances from persons authorized to dispense or possess

Candidates should also review applicable federal laws and regulations: Title 21 of Code of Federal Regulations (CFR) Part 1300 - 1308. Contact the U.S. Government Printing Office (Tel. (202) 512-1800) for copies or you may access this information on the U.S. DEA web site at: <http://www.deadiversion.usdoj.gov/>.

### **OTHER STUDY MATERIAL RECOMMENDATIONS**

Drug Enforcement Administration (DEA) - see above referenced web site.

Pharmacist's Manual:

<http://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/index.htm>

Poison Prevent Packaging Act 16 CFR 1700 (refer to summary below) - may be accessed at:

<http://www.cpsc.gov/businfo/regsumpppa.pdf> (summary)

<http://www.cpsc.gov/cpscpub/pubs/384.pdf>

Prescription Drug Marketing Act - may be accessed at:

<http://www.fda.gov/cber/rules/pdmapol050300.pdf>

FDA statutes governing Recalls, Misbranding, Adulterated Drugs - may be accessed at:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=7.3&SearchTerm=recalls>

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse\\_usc&docid=Cite:+21USC351](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+21USC351)

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse\\_usc&docid=Cite:+21USC352](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+21USC352)

The Federal Food, Drug and Cosmetic Act (FDCA) - may be accessed at:

[http://www.access.gpo.gov/uscode/title21/chapter9\\_.html](http://www.access.gpo.gov/uscode/title21/chapter9_.html)

Massachusetts Board of Registration in Medicine Regulations 243 CMR Section 2.07 (19)(20)(21) and "Prescribing Practices: Policies & Guidelines" - may be accessed at:

<http://www.massmedboard.org/regs/>

<http://www.massmedboard.org/regs/pdf/prescribe2.pdf>

FDA regulations governing labeling directions - may be accessed at:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=201.57>

FDA regulations governing Patient Package Inserts - may be accessed at:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=310.515>

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=310.501>

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