

State of New York
PHARMACY (PART III)

June 8-9, 2010

Examination Scheduling Form

Castle

Attn: NY Exams
 P.O. Box 570
 Morrisville, NC 27560
 800-655-4845 or 919-572-6880

Please type or print in black ink **all** the following information. Be sure to sign the Statement of Affirmation.

Last Name _____
 First Name _____
 Middle Name _____
 Social Security Number _____ - _____ - _____
 Birth Date _____ / _____ / _____
mo day year
 Telephone Number (Home) _____ (Work) _____
 Street Address _____ Apt. # _____
 City _____
 State/Province _____ Zip Code _____ E-mail _____

NOTE: This form must be mailed and postmarked by the deadline shown below.

Exam Date: June 8-9, 2010
 Deadline: April 1, 2010

If you have not yet graduated, do you qualify for this exam by meeting the alternate requirement of a 1,000-hour internship? Yes No

Check ONE Exam Site for June 8 -9, 2010

<input type="checkbox"/>	New York City – St. John’s University
<input type="checkbox"/>	New York City – Long Island University
<input type="checkbox"/>	Rochester – St. John Fisher College <small>[NOTE: If you select this site, your Compounding Test (6/9/10) will be held at St. John Fisher College; the Written Test (6/8/10) will be held at Buffalo.]</small>
<input type="checkbox"/>	Buffalo
<input type="checkbox"/>	Albany

Reasonable Accommodations

Please check below if you wish to request reasonable testing accommodations.

I have a disability and I request reasonable testing accommodations.*

* To request testing accommodations, **submit** a completed NY State Education Department Request for Reasonable Accommodations form (available from NYSED or from Castle) and the disability documentation described in the request form **with this scheduling form**. If additional information is required for approval of your reasonable accommodation request, NYSED or Castle will contact you.

General Information Regarding the Examination

1. Examination Admission Tickets. You may wish to send your scheduling form via certified mail if you require confirmation that Castle Worldwide, Inc. has received your scheduling form. Castle will send your admission ticket approximately three (3) weeks before the date of the examination. The ticket includes your registration number, the exam date and exact address of the exam location, and the time you must arrive to take the exam. If you lose your admission ticket, or if it has not arrived 10 days prior to the exam date, contact Castle at 800-655-4845 or 919-572-6880. Note that late arrivals to the examination site may not be allowed to take the examination and will not be allowed to make up any time lost.

2. Items You Should Bring to the Examination Site. Please bring to both the Written and Practical Examinations your admission ticket, a photo ID with your signature (e.g., driver’s license), and at least two pens (black ink preferred). For the practical examination, you must also bring the following: calculator, ointment pad, paper towels, rubber spatula, soap, and metric weights. Permitted calculators are only those which perform the basic functions of addition, subtraction, multiplication, division, square root, and percentages. Calculators which can be programmed, accept disks, perform conversions from metric to English systems, or contain any drug information are not allowed.

3. No Guests are Allowed at the Examination Site. Only scheduled candidates will be permitted inside the examination site. No visitors, including children, are allowed at any time in any examination room.

4. Testing Environment. Every attempt, within reason, is made to ensure a quiet and comfortable testing environment for all candidates. However, last-minute needs and emergencies by building operators cannot be anticipated. We suggest that you bring appropriate clothing with you (i.e., a jacket, a sweater) to help you adapt to a cooler or warmer climate in the examination room. Bring earplugs if you are very sensitive to noise distractions.

5. Examination Results. Castle will mail your examination results. All candidate scores are strictly confidential and will be released **ONLY** to the registered candidate by mail. Results will **not** be given to candidates by telephone, fax, or other means except by mail. If you haven't received your results by the end of three months, contact Castle at 800-655-4845 or 919-572-6880. Unsuccessful candidates will be provided with re-examination information with their exam results.

6. Items Allowed in Testing Room. For security reasons, candidates may not bring books, notebooks, magazines, newspapers, cameras, luggage, cell phones, beepers, pagers, and other mechanical or electrical devices (except for simple four-function calculators) into the examination room. *Possession of any such items may disqualify you from completing the examination.* All personal luggage and belongings must be left outside the examination room at your own risk.

7. Refunds. Note that fees submitted for examination testing are nonrefundable and nontransferable unless the refund request meets one of the following conditions: 1) The written cancellation request is **received** at Castle at least 35 days prior to the examination date. 2) There is a family emergency, such as hospitalization or death in the family. An acceptable refund will be *partial*, as a \$40.00 processing fee will be withheld.

8. Lunch and Parking. Candidates are responsible for their own lunch and parking. You will be asked to vacate the examination room during the lunch period. Consumption of food and beverage is **NOT** allowed in the exam room.

NOTE: Severe Weather Policy: The examination administration will be held as scheduled, provided the examination center is able to be opened. If a test center's status is questionable due to severe weather or a natural disaster, the examination administration may be cancelled. If you are unsure as to whether your test site is open, contact Castle at 800-655-4845.

Examination Selection and Fees

The fees listed below are in effect for the June 2010 administration of the examination. If you plan to take the examination in January 2011 or later, the fees may be different and you should request updated forms from the New York State Education Department by phone at 518-474-3817, ext. 250 or by e-mail at opforms@mail.nysed.gov.

Check the box below for the exam you will be taking and the fee you will be submitting. All checks or money orders must be in US funds drawn on a US bank. *Make checks payable to **Castle Worldwide, Inc.***

New & Retake Candidates - \$205.00

Total Amount Enclosed: \$ _____

There will be a \$35 fee for all returned checks.

Payment Method Check Money Order
 MasterCard Visa

I authorize Castle Worldwide, Inc. to debit my credit card for the amount shown to the left.

Please print your credit card number on the line above.

Card Expiration Date _____

Name on Credit Card _____

Address of Cardholder _____

Signature _____

Statement of Affirmation

I have submitted a **completed application form and licensure application fee** to the New York State Education Department (NYSED) and have had my education/experience approved by NYSED. I understand and accept the fact that neither admission to nor successful completion of the examination can be construed as assurance that I have met any licensure requirements in New York State.

Furthermore, I understand that all fees paid to Castle in relation to this examination application are nonrefundable and nontransferable. I understand that every attempt, within reason, will be made to seat me at the test site I have selected, though the selected test site is **NOT** guaranteed. I also understand that I will be admitted only to the test site for which I have been scheduled by Castle. I agree that in the event that my examination papers are lost, or if the exam is not held for any reason, any claim I may have will be limited to the examination fee paid by me.

Under penalty of perjury, I declare and affirm that the statements made in this application, including any accompanying statements, are true and complete. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure.

Candidate Signature

Date