



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 Not Allowed in Testing Room.** For security reasons, candidates may not bring books, notebooks, loose papers, 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 30 days prior to the examination date. 2) There is a family emergency, such as hospitalization or death in the family. An approved 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 2018 administration of the examination, and are subject to change for future administrations. If you plan to take the examination in January 2019 or later you should navigate to [www.castleworldwide.com/cww/take-a-test/entry/NYSED-Pharmacy](http://www.castleworldwide.com/cww/take-a-test/entry/NYSED-Pharmacy) for current scheduling information.

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 Candidates - \$215.00  
 Re-Admit Candidates - \$215.00

Total Amount Enclosed: \$ \_\_\_\_\_

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

**Payment Method**       Check       Money Order  
                                  MasterCard       Visa

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

**Credit Card Number** \_\_\_\_\_  
**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

**IMPORTANT:** In order to be admitted into the examination, please be sure that your first and last name written on this scheduling form matches your first and last name EXACTLY as it appears on your current, government-issued photo ID with your signature.