



newsletter

National Association of Boards of Pharmacy®

May-June 2006 / Volume 35 Number 5

aid to government
the profession
the public
1904 to 2006

Follow-up to 101st Annual Meeting Membership Survey Facilitates Specific Program Improvements

This Month on www.nabp.net:

Special Items

NABP Releases 102nd Annual Meeting Passed Resolutions

NABP Releases 102nd Annual Meeting Defeated Resolutions

102nd Annual Meeting Officer Reports

NABP Releases 2005-2006 Committee and Task Force Reports

Headlines

NABP 2006-2007 Executive Committee Inaugurated at 102nd Annual Meeting in San Francisco

Upcoming Meetings

**Sunday-Tuesday
August 6-8, 2006**

NABP/AACP District III Meeting
Charleston, SC

**Thursday-Saturday
August 10-12, 2006**

NABP/AACP District V Meeting
Inn at the Forks,
Winnipeg, Manitoba, Canada

**Friday-Saturday
November 3-4, 2006**

NABP Fall Educational Conference
Hyatt Regency Savannah
Savannah, GA

**Saturday-Tuesday
May 19-22, 2007**

NABP's 103rd Annual Meeting
Hilton Portland &
Executive Tower
Portland, OR

In the fall of 2005, NABP moved forward on a member satisfaction survey that had been conducted at its 101st Annual Meeting (September 2005 *NABP Newsletter*, page 149) by releasing a second survey designed to gather more information about NABP's programs and services.

Nearly all of the board of pharmacy executive officers, presidents, and members who participated in the second survey had completed the first survey; nearly half of the respondents have served their boards for 10 years or more. These individuals, who have longstanding involvement with NABP's programs and services,

generally provided positive feedback to the follow-up survey. The in-depth questioning consisted of two types of questions: a four-point satisfaction scale and open-ended questions requesting participants to indicate both the aspects of programs and services they view most favorably and the aspects they would most like to see improved. This format provided NABP with more specific input on how the Association can further improve its programs and services.

Competency Assessment Programs

Consistent with the results of the first survey,

participants provided the most positive feedback on the North American Pharmacist Licensure Examination™ (NAPLEX®), with more than three-quarters of participants indicating that they were "very satisfied" with the examination. Responses to the open-ended questions strongly indicated that the NAPLEX is considered fair, defensible, convenient, and secure, among other attributes.

In August 2005, following the first survey, NABP implemented online registrations at its Web site at www.nabp.net in an

(continued on page 117)

In This Issue . . .

Association News:

ECE, A Positive Addition to the FPGEC Certification Program

99

Legal Briefs:

102nd Annual Meeting Report of Counsel

100

Association News:

2005-2006 Committee on Law Enforcement/Legislation Recommends Model Regulations in Several Areas

104

Patient Safety Corner:

Unclear Labeling Contributing Significantly to Acetaminophen Overdoses

114

The NABP Newsletter (ISSN 8756-4483) is published ten times a year by the National Association of Boards of Pharmacy (NABP) to educate, to inform, and to communicate the objectives and programs of the Association and its 65 member boards of pharmacy to the profession and the public. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is \$35 per year.

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NABP Inaugurates Three New Members into Executive Committee

Three new Executive Committee members were inaugurated during NABP's 102nd Annual Meeting April 8-11, 2006, in San Francisco, CA. Malcolm J. Broussard, RPh, executive director of the Louisiana Board of Pharmacy, was elected to a three-year member term to the Executive Committee (District VI); Lloyd K. Jessen, RPh, JD, executive director/secretary of the Iowa Board of Pharmacy Examiners (District V), and Karen M. Ryle, MS, RPh, member of the Massachusetts Board of Registration in Pharmacy (District I), were each elected to serve one-year member terms. In addition, Gary A. Schnabel, RPh, RN, executive director of the Oregon State Board of Pharmacy, was re-elected to serve a second three-year member term (District VII).

Malcolm J. Broussard, RPh

An active member of NABP as well as state and local professional



associations, Mr Broussard has served on NABP's Nominating Committee, Committee on Resolutions, and the Committee on Law Enforcement/Legislation. He was also the secretary/treasurer of MALTAGON, an organization of boards of pharmacy in Mississippi, Alabama, Louisiana, Tennessee, Arkansas, Georgia, Oklahoma, and North Carolina; a field reviewer for the Accreditation

Council for Pharmacy Education's Continuing Education Provider Accreditation Program; and parliamentarian at the Louisiana Pharmacists Association's Annual Meetings. Mr Broussard earned his bachelor of science degree in pharmacy from Xavier University of Louisiana.

Lloyd K. Jessen, RPh, JD

Mr Jessen has been an active member of NABP, serving on the NABP Committee on Constitution and Bylaws



from 2002 to 2004. He was also a member of NABP task

(continued on page 115)

NEWLY ACCREDITED VAWD FACILITY

On May 15, 2006, Paramus, NJ-based Saddle River Marketing Concepts earned accreditation under NABP's Verified-Accredited Wholesale Distributors™ (VAWD™) program, increasing the total number of VAWD-

accredited facilities to five. Saddle River offers



services that include the distribution of prescription

drug samples to physician offices.

More information about NABP's VAWD program, including frequently asked questions and application instructions, is available at NABP's Web site at www.nabp.net.



ECE, A Positive Addition to the FPGEC Certification Program

Since the commencement of NABP's partnership with Educational Credential Evaluators, Inc (ECE) on April 14, 2006, the company has processed and NABP has received 71 applications for the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification Program.

ECE states that evaluating educational credentials for NABP has been a positive experience. An ECE representative notes that NABP's exacting requirements and attention to detail for authenticating documents demonstrate that the Association truly cares about quality. The representative adds that NABP's procedures and exacting specifications for translation and seal procedures can be used as a model for ECE's other clients.

The processing of FPGEC Certification Program applications was changed in response to a continuous increase in applications for the FPGEC Certification Program and NABP's

ongoing efforts to improve processing times. Now, applicants submit their educational credentials to ECE for evaluation while NABP conducts the licensure and registration verification process.


To ensure that applicants understand the new process, ECE and NABP staff are working together to update the Frequently Asked Questions sections on the ECE and NABP's Web sites. In addition, NABP is working to improve the information packet that goes to new applicants so they fully understand where documents should be sent.

The FPGEC Certificate allows foreign-educated and -licensed pharmacists to move toward obtaining licensure to practice in the United States. The FPGEC Certification Program is accepted by 50 of NABP's member boards of pharmacy as a means of documenting the educational equivalency of an applicant's foreign pharmacy education. Foreign-educated pharmacists awarded

FPGEC Certification are considered to have partially fulfilled eligibility requirements for licensure in those states that accept the Certification.

Founded in 1980, ECE is a non-profit public service organization specializing in the evaluation of foreign educational credentials. ECE has identified the US equivalence of foreign educational credentials for more than 1,000 educational institutions, employers, and professional licensing boards for over 20 years.

The improved processing time that the new method is designed to achieve has resulted in the first increase of the \$700 FPGEC fee to occur since the program was introduced. The fee for ECE to evaluate an applicant's educational credentials is \$85.

To apply for FPGEC Certification, or for more information about the FPGEC Certification Program, visit NABP's Web site at www.nabp.net. 

Executive Committee

Dennis K. McAllister
Chairperson, District VIII
One-year term

Lawrence H. Mokhiber
President, District II
One-year term

Oren M. Peacock, Jr
President-elect, District VI
One-year term

John R. Dorvee, Jr
Treasurer, District I
One-year term

Malcolm J. Broussard
Member, District VI
Serving first year of a three-year term

Reginald B. "Reggie" Dilliard
Member, District III
Serving second year of a three-year term

Patricia F. Harris
Member, District VIII
Serving second year of a three-year term

Lloyd K. Jessen
Member, District V
Serving a one-year term

Richard A. "Rich" Palombo
Member, District II
Serving third year of a three-year term

Karen M. Ryle
Member, District I
Serving a one-year term

Gary A. Schnabel
Member, District VII
Serving first year of a three-year term

William T. "Bill" Winsley
Member, District IV
Serving second year of a three-year term

NABP's Executive Committee is elected each year at the Association's Annual Meeting. The 103rd Annual Meeting is May 19-22, 2007, at the Hilton Portland & Executive Tower, Portland, OR.

102nd Annual Meeting Report of Counsel

By John F. Atkinson, JD

In May of 1965, a young, nervous attorney entered Cobo Hall in Detroit, Michigan to fulfill an engagement to speak before the Annual Meeting of the National Association of Boards of Pharmacy. This was his first speech and his first exposure to the NABP membership. He was assigned 45 minutes to expound upon the immunity of pharmacy board members from prosecution under section 1983 of the Civil Rights Act and under the anti-trust laws. Fifteen additional minutes were reserved for questioning. He was advised that his audience would be state board of pharmacy members and board executives that would number about 60 to 70 people.

Imagine his surprise when he entered the meeting room and found hundreds to be in the audience. Much to his relief he discovered he was in the American Pharmacists Association (APhA) meeting and was quickly led to NABP. The presentation went well but the questioning lasted 45 minutes rather than the expected 15. The attorney realized he was speaking to a very knowledgeable group and he quickly learned to answer certain questions "I don't know but I will find out." As an aside, the topic concerning immunity of board members from prosecution stemmed from allegations that the Michigan Board of Pharmacy had engaged in activities geared to keeping SuperX pharmacies out of Michigan.

The pressing issues in 1965 and the subsequent decades mainly dealt with licensure transfer and the licensing examination. States' rights, or perhaps better said, the fear of losing power and authority, loomed heavily among boards making change difficult. While most states facilitated licensure transfer, certain states created barriers presumably to protect public health but more likely to protect local pharmacists. One state required reciprocating candidates to pass a jurisprudence examination that no candidate had been able to pass. A second state gave a practical examination that required, among other things, the reciprocating candidate to compound suppositories, a job apparently not undertaken in any of

the pharmacy schools or in the internship programs. Candidates for initial licensure in each of these states were not required to take the jurisprudence or practical exam.

In its traditional role to advocate and support licensure transfer, NABP intervened in each of the above situations and was able to persuade these jurisdictions to eliminate these "barriers" and subscribe to the word and spirit of the NABP Constitution and Bylaws, documents that had helped to create and shape the most successful licensure transfer program of all the professions.

The meeting in Detroit was only one of several joint meetings between APhA and NABP that took place before and after 1965.

When you have a budget of \$125,000, as NABP did in 1965, it was extremely helpful to get reduced room rates, free copying, and a myriad of other services, the cost of which was offset by APhA. The problem was, however, that as NABP grew in stature and importance, its programs and its goals were more frequently out of sync with those of APhA. The recognition of the need to separate became more and more evident.

Legal counsel had continuously urged NABP to separate itself from APhA in

fear that the actions of APhA would be attributable to NABP. It was not that APhA was engaging in activities that were necessarily improper, but as a 501 (c)(6) organization under the Internal Revenue Code, it could engage in the economics of the profession, which it did, in a heavy manner. NABP, on the other hand, was and is a 501 (c)(3) charitable and educational organization and the activities it can engage in under the Internal Revenue Code and regulations are much more restricted. The major goal of both NABP and its member state boards is the protection of the public health and welfare. As a result of these differences between the goals and activities of APhA and NABP, commencing in 1973, NABP held its annual meetings separate and apart from APhA and has done so ever since.

The separation, however, did not prevent the pigeons from coming home to roost. In 1978, Federal Prescription Services Inc (Federal) a mail service pharmacy headquartered in the state of Iowa, instituted legal proceedings against APhA, the National Association of Retail Druggists (now known as the National Community Pharmacists Association), and NABP, as defendants, claiming they conspired to put Federal out of business in violation of the anti-trust laws.

Named as co-conspirators but not as defendants, were the Iowa Board of Pharmacy Examiners, practically every other state and national pharmacy association not named as defendants, and the American Council on Pharmaceutical Education (now known as the Accreditation Council for Pharmacy Education [ACPE]). Depositions of witnesses were taken throughout the United States. Court appearances were numerous. One of the primary contentions of Federal throughout the process involved resolutions adopted by APhA and NABP that addressed pharmaceutical mail service in general. NABP's resolutions involved the health protections afforded by the pharmacist-physician-patient relationship and did not involve, but obviously affected, the economics of the profession. However, the fact that APhA and NABP met together was repeatedly emphasized by Federal to support its contention of the existence of a conspiracy.

While we extracted NABP from the lawsuit six days before the trial, APhA was not as fortunate. A judgment was ultimately entered against APhA for \$102,000, which was trebled under the provision of the Sherman Act. The Iowa Board was found to have violated the anti-trust

laws but, fortunately, since the Board was named only as a co-conspirator and not as a defendant, escaped monetary damages. Even more fortunate was that the decision was reversed upon appeal and the judgment against APhA set aside.

Even though you wear the white hats and even though NABP was dismissed before the trial, the cost of the litigation to NABP nearly resulted in its bankruptcy. It was a lesson learned that remains extremely important today and will remain so in the future. Care must continually be taken to avoid engaging in the economic areas of pharmacy. The line between the protection of public health and the economics of the profession, however, becomes more and more blurred, making this separation much more difficult.

NABP has always maintained a good, working relationship with Food and Drug Administration, Drug Enforcement Administration, and other federal governmental agencies. It was this relationship that lead NABP to its first appearance to testify before a congressional committee. In the 1970s, Fred T. Mahaffey, then NABP executive director, was asked to testify before a congressional committee on a proposed

(continued on page 110)



Attorney John F. Atkinson is a partner in the law firm of Atkinson & Atkinson, counsel for NABP.

NCC MERP Report on Council's First 10 Years Evaluates Progress in Reporting Medication Errors

The National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP), a collaborative effort among a group of national health care organizations and agencies – including NABP – to report and prevent medication errors, recently marked the 10-year anniversary of its founding with the release of *The National Coordinating Council for Medication Error Reporting and Prevention: The First Ten Years*. This publication provides background on the reasons behind NCC MERP's founding, a list of the Council's members, its accomplishments, current activities, and future initiatives.

NCC MERP's Founding

It is estimated that as many as 98,000 deaths a year are due to medical errors in hospitals, including 7,000 that result from medication errors. The United States Pharmacopeia (USP), through its work as a drug standards-setting organization and its experience with the nationwide USP-Institute for Safe Medication Practices (ISMP) Medication Errors Reporting Program, recognized that medication errors are caused by many different factors and that no one organization is equipped to effectively address issues involving

medication errors. Therefore, the USP convened several national organizations that had the authority, mechanisms, and resources to confront the complexities of medication errors and seek solutions for these issues. NCC MERP was formed to actively promote the reporting, understanding, and prevention of medication errors through the efforts of its members, and to focus on ways to enhance patient safety through a coordinated approach and a systems-based perspective. In accordance with its mission, NCC MERP periodically issues recommended strategies for system modifications;

practice standards and guidelines; and changes in product packaging, labeling, and naming.

NCC MERP has three main objectives aimed at reducing the number of medication error-related deaths:

- **Medication error understanding.** NCC MERP is engaged in an ongoing effort to improve the collection, classification, and analysis of data that categorizes types of errors, causes and sources of errors, and the impacts of these errors on patients and health system costs. In 1996 NCC MERP adopted a Medication Error Index that categorizes errors by severity of outcome, allowing practitioners and institutions to track errors in a consistent, systematic manner and prioritize error reduction activities.
- **Medication error reporting.** NCC MERP seeks heightened awareness of available reporting systems such as ISMP's Medication Errors Reporting Program and Food and Drug Administration's (FDA) MedWatch Reporting Program. To assist in the error

NCC-MERP Members

AARP	Department of Defense	National Council of State
American Health Care Association	Department of Veterans Affairs	Boards of Nursing
American Hospital Association	Food and Drug Administration	National Council on Patient Information and Education
American Medical Association	Generic Pharmaceutical Association (formerly known as The Generic Pharmaceutical Industry Association)	National Patient Safety Foundation
American Nurses Association	Healthcare Distribution Management Association	Pharmaceutical Research and Manufacturers of America
American Pharmacists Association	Institute for Safe Medication Practices	United States Pharmacopeia, Inc
American Society for Healthcare Risk Management	Joint Commission on Accreditation of Healthcare Organizations	Deborah M. Nadzam, PhD, FAAN (individual member)
American Society of Consultant Pharmacists	NABP	David Kotzin, RPh, BS, MS (individual member)

categorization, NCC MERP developed its *NCC MERP Taxonomy of Medication Errors*, which provides standard language and structure of medication error-related data for use in developing databases to analyze medication error reports.

- **Medication error prevention.** NCC MERP is engaged in continued research and reporting of medication errors to help identify areas where changes such as distinctive packaging, labeling, and nomenclature

of products can help prevent future errors. NCC MERP advocates the use of computer-based systems to minimize the potential for human error, as well as education of health care practitioners, consumers, and patients in medication error prevention.

Since the formation of NCC MERP, NABP has aligned the recommendations of many of its task forces, such as the Task Force to Develop Recommendations to Best Reduce Medication Errors in Community Pharmacy Practice, with NCC MERP's

recommendations (see "State Boards, Associations Addressing Patient Safety Improvement and Medical Error Mitigation on Multiple Fronts," March 2006 *NABP Newsletter*, page 52).

NCC-MERP Members

Fifteen interdisciplinary organizations and agencies met on July 19, 1995, for NCC MERP's first meeting. The Council's membership currently consists of 22 patient safety member organizations and two individuals (see table above).

(continued on page 112)

2005-2006 Committee on Law Enforcement/Legislation Recommends Model Regulations in Several Areas

The Committee on Law Enforcement/Legislation (LE/L Committee) met on January 27, 2006, at the NABP Headquarters in Mount Prospect, IL, and made six recommendations that the NABP Executive Committee approved, including five recommendations to revise the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*. The complete report is available on NABP's Web site at www.nabp.net.

The recommendations were made pursuant to members of the LE/L Committee accepting their charge of reviewing and commenting on existing legislation and rules for the practice of pharmacy, legal distribution of drugs, and related areas within pharmacy; developing model regulations for pharmacy, as assigned by the Executive Committee, from resolutions adopted by the members of the Association, or from reports of the other committees of the Association; and recommending areas where model regulations are needed in pharmacy for improving the protection of the public health.

The Recommendations

The six recommendations are summarized below:

1. The LE/L Committee recommended that language addressing

pharmacy reporting of licensed personnel terminations for drug-related causes be incorporated into the *Model Act* as per Resolution 101-5-05, Reporting of Pharmacy Personnel Terminations to the Board of Pharmacy and the *Model Act*.

At the 101st Annual Meeting, the NABP delegation passed Resolution 101-5-05, Reporting of Pharmacy Personnel Terminations to the Board of Pharmacy and the *Model Act*, which directed that NABP urge all states to require pharmacies to report terminations involving drug-related causes or violations for all licensees/registrants and amend its *Model Act* to require pharmacies to notify the board of pharmacy in the event of a termination of employment for any licensee/registrant due to a drug-related cause or violation including the abuse, theft, or diversion of drugs. According to the results of a recent NABPLAW® search, about half of the states require that the pharmacy, pharmacist-in-charge (PIC), or the licensee inform the board in the event of a change in employment location. Although most states require the reporting of such information, there is variability on whether or not the licensee or the pharmacy (or PIC) is responsible for notifying the board. The Executive

Committee approved the addition of text clarifying the reporting responsibilities of the PIC regarding change of employment.

The LE/L Committee added a comment to Section 2A(2)(h)(ii) noting that if states require the PIC or other person in charge of the pharmacy to submit information regarding the separation of employment of licensees, especially in circumstances of suspected or confirmed abuse, theft, or diversion of drugs, states should also be aware of confidentiality and employment laws that may restrict the release of information and be cautioned that the release of such information may create a liability for the reporting Pharmacy. In addition, when the PIC and the owner is the same person and that person is no longer employed or designated as the person in charge, the board must take action to cease operation of the pharmacy.

2. The LE/L Committee recommended that model language be incorporated into the *Model Act* requiring the PIC or other responsible person in charge of the pharmacy to report to the board of pharmacy the termination of employment of licensed personnel due to suspected or confirmed

criminal occupational-related activities committed.

The LE/L Committee members made this recommendation after agreeing that it may be in the best interest of the public health for the board to be aware of any suspected or confirmed criminal occupational-related activities that involve licensees. Such activities may include theft of monies or insurance fraud, but are not necessarily violations involving the abuse, theft, or diversion of drugs.

3. The LE/L Committee recommended that all boards of pharmacy adopt impairment assistance programs or, in the absence of such programs, consider ways to address impairment issues without causing unnecessary actions and penalties against licensees by other agencies beyond the decision of the board of pharmacy.

In March 2005, NABP administered a board of pharmacy survey that collected data on drug/alcohol impairment assistance programs. Of the 33 boards of pharmacy that responded, 20 boards of pharmacy conveyed that their respective state administers a drug/alcohol impairment program or contracts with an

outside agency to administer such a program.

The LE/L Committee members agreed that the lack of impairment assistance programs may result in situations where impaired licensees do not have an avenue to seek assistance and recovery. As a result, they may be disciplined or even lose their license to practice. The LE/L Committee members expressed concerns that the loss of licensure could also result in subsequent actions from federal regulatory agencies and programs that bar the licensee from practice or participation in those programs beyond the penalty or terms decided by the board of pharmacy.

4. The LE/L Committee recommended that language addressing the ongoing revision process of United States Pharmacopeia (USP) Test and Assays Chapter 797 (USP Chapter 797) be incorporated into the *Model Act* as per the recommendation of the 2005-2006 Task Force on Standards for Compounding.

The 2005-2006 Task Force on Standards for Compounding presented six recommendations to the Executive Committee, which the Executive Committee subsequently approved (see April 2006 *NABP Newsletter*, page 78). The

Task Force recommended that NABP continue to endorse the adoption of USP compounding chapters within the *Model Act*; however, Task Force members cautioned that NABP and the state boards of pharmacy should recognize that USP is working to revise USP Chapter 797 in consideration of comments, revisions, and suggestions received from the health care professional community.

5. The LE/L Committee recommended that language and several non-substantive revisions be incorporated into the *Model Act* pursuant to the recommendations submitted by the 2005-2006 Task Force on Model Regulations for Long-Term Care.

Following its November 18, 2005 meeting, the Task Force on Model Regulations for Long-Term Care recommended that the NABP Model Rules for Institutional Pharmacy incorporate an outsourcing procedure for the processing of "Immediate Need Medications" for institutional patients and for services that are unable to be provided on an ongoing basis (see April 2006 *NABP Newsletter*, page 80).

In addition, the Task Force agreed that the NABP Model Rules for Institutional Pharmacy be amended to recognize long-term care pharmacy practice as

a subset of institutional pharmacy practice and recommended that the *Model Act* incorporate a definition of "Chart Order."

To further these recommendations, the LE/L Committee recommended the implementation of policies and procedures providing guidance for properly identifying agents of the prescribing practitioner who are trained and competent in communicating prescription drug orders.

6. The LE/L Committee recommended incorporation into the *Model Act* language that addresses the electronic transmission of prescriptions. This recommendation came in response to a final rule issued by United States Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS), adopting a first set of final standards ("foundation standards") for electronic prescriptions.

Of significance to NABP and the state boards of pharmacy is the preemption provision of this rule. In short, this provision, on January 1, 2006, makes unenforceable any state law or rule that restricts the ability of prescribers to electronically transmit prescriptions for Medicare-eligible patients to pharmacies

for covered medications. In the background text of this rule, CMS states that it has identified several categories of state laws that are preempted, in whole or in part, by this final rule. They are state laws that expressly prohibit electronic prescribing; state laws that prohibit the transmission of electronic prescriptions through intermediaries, such as networks and switches or pharmacy benefit managers (PBMs), or that prohibit access to such prescriptions by plans or their agents or other fully authorized third parties; state laws that require certain language to be used, such as "dispense as written," to indicate whether or not generic drugs may be substituted, insofar as such language is not consistent with the adopted standard; and state laws that require handwritten signatures or other handwriting on prescriptions. The impact of this rule is that, in some states, two different sets of electronic prescribing rules may emerge; one set for Medicare-eligible patients and the other for non-Medicare eligible patients. NABP has recommended that states review their pharmacy practice acts and rules for conflicts with this new rule and consider revision so as to avoid this outcome.

(continued on page 116)

Expediting the Licensure Transfer Process

Recently, NABP has received inquiries regarding the process that applicants and the boards of pharmacy follow in the Electronic Licensure Transfer Program® (ELTP®). To assist the state boards in fielding applicant inquiries, five steps have been identified to expedite licensure transfer in most cases.

Step One: Applicant submits Preliminary Application. The applicant reviews the requirement(s) imposed by the state in which they are seeking licensure by reciprocity/endorsement, downloads the *Preliminary Application for Transfer of Pharmaceutical Licensure (Preliminary Application)* from www.nabp.net, and submits the completed application along with the proper fee to NABP.

Timeframe: Contingent on the applicant.

Tip: An applicant may expedite the process by correctly completing the information on the *Preliminary Application*. Incomplete sections or gaps in timelines delay processing.

Step Two: NABP processes Preliminary Application. NABP processes the *Preliminary Application*

and issues the *Official Application for Transfer of Pharmaceutical Licensure (Official Application)* to the applicant.

Timeframe: Between 14 and 30 calendar days. In some situations the following may occur, which will lengthen the processing time:

- Additional time is needed for licensure verification if the applicant has disciplinary actions against his or her license.
- A state that charges a verification fee will not provide verification to NABP until the state receives the fee from the applicant.
- Incomplete applications submitted by an applicant prompt NABP to contact the applicant and await a response.

Tips: If licensure verification can be completed via the state's Web site, NABP will not necessarily be required to contact the board for verification. In addition, if the applicant is licensed in a state that charges a fee for verification, the applicant may pay the fee to the state at the same time as sending the *Preliminary Application* to NABP to expedite the process.

Step Three: Applicant submits Official Application. After completing the

"Affidavit" and "Moral Character Voucher" sections on the *Official Application*, as well as attaching two recent photographs, the applicant must mail the completed *Official Application* to the appropriate board along with that state's transfer fee within 90 days. Depending on the state the applicant is transferring to, special conditions/requirements may be applied to the applicant.

Timeframe: Up to 90 calendar days; additional state requirements may add to the processing time. Conditions/requirements include but are not limited to:

- State transfer application in addition to the NABP *Official Application*;
- Appearance at a board hearing; and/or
- Additional state examinations.

Step Four: Applicant passes the MPJE. If the applicant is required to pass the Multistate Pharmacy Jurisprudence Examination® (MPJE®), the applicant follows the guidelines in the *NAPLEX/MPJE Registration Bulletin* to register. Once NABP receives the application and fee, the state must then deem the applicant eligible prior to NABP

issuing an authorization to test to the applicant.

Timeframe: Up to 30 calendar days. From the date NABP receives the eligibility from the state, it takes approximately seven to 10 calendar days for the applicant to receive the authorization to test and may then schedule an examination appointment. Once the applicant has taken the MPJE, it takes five to seven calendar days to report the score to the state board from the date the applicant took the MPJE.

Tips: In many cases, the applicant will overlook the fact that the MPJE is required by the state, and not submit the MPJE application with the License Transfer application. Submitting these applications together can shorten the process.

- **Step Five: Issue of license.** Depending on the state, once the applicant has passed all required examinations and the board has approved his or her application(s), a license may be issued.

Timeframe: Contingent on the applicant and board.

Restrictions on Reciprocity in Some Cases

Although most states reciprocate licensure with

(continued on page 118)

ACPE Releases Revised Standards and Guidelines with Increased Emphasis on Error Reduction and Communication, Among Other Additions

In February 2006, the Accreditation Council for Pharmacy Education (ACPE) released its revised *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree*, representing the first changes to the standards and guidelines since they were adopted in 1997. The revision, which takes effect on July 1, 2007, resulted from a collective effort in which ACPE solicited comments from colleges and schools of pharmacy, professional pharmacy organizations including NABP, student pharmacist organizations, and other accrediting bodies over a nearly three-year period.

NABP Focused on Error Reduction, Communication

In November 2005, during the comment period for a second draft of the revised standards and guidelines, NABP made recommendations intended to help the pharmacy profession achieve the critical goals of error reduction and improved communication with patients. NABP commented that the revised standards and guidelines should incorporate additions

in two key areas: safety and error reduction, and communication skills.

In the revised standards and guidelines, Guideline 12.1 of Standard No. 12, Professional Competencies and Outcome Expectations, states that graduates must be competent to “manage medication use systems, through the ability to apply . . . quality improvement strategies, medication safety and error reduction programs, and research processes to minimize drug misadventures and optimize patient outcomes.” During the comment period for the second draft, NABP made a recommendation to add medication safety and error reduction programs as one means among several to manage medication use systems.

A new Appendix B, “Additional Guidance on the Science Foundation for the Curriculum,” is provided as a basis for curricular evaluation and continuous quality improvement, and supplements the curricular standards in the revised standards and guidelines. Appendix B, which is referenced in Standard No. 13, Curricular Core – Knowledge, Skills, Attitudes, and Values and, under a

“Medication Dispensing and Distribution Systems” subheading, incorporates an NABP recommendation to add education in “continuous quality improvement programs” and “medication error reduction programs” for improving patient safety. In its comments on the second draft, NABP noted that the introduction of patient safety and medication error principles and programs early in a degree program curriculum provides a sound foundation for application of that knowledge in pharmacy practice.

In commenting on the second draft, NABP also recommended that the standards and guidelines include a greater number of provisions designed to achieve competence in written and oral communications with patients and other health care practitioners. Significantly, the final standards and guidelines also include a new subheading titled “Professional Communication,” which was added to Appendix B. Under this subheading is the addition of “communicating with diverse patients, families, pharmacists, and other health professionals in

a variety of settings, both individually and as a member of a team”; NABP had recommended incorporating instruction in “communication techniques with patients and other health care providers” into the guidelines.

Revision Driven by a Changing Environment

Among ACPE’s stated reasons for revising the standards and guidelines was its own experience gained in accreditation reviews since the standards were first adopted; feedback from ACPE stakeholders; recommended changes from the Institute of Medicine to improve medication safety and patient outcomes; the revision of the North American Pharmacist Licensure Examination™ blueprint in early 2005; and the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, which includes guidelines for medication therapy management services provided by pharmacists.

A first draft of revised standards was developed in February 2005 following the solicitation of written comments from

(continued on page 116)

NABP Plays a Role in FDA's RFID Conference

During a panel discussion at Food and Drug Administration's (FDA) Counterfeit Drug Task Force Public Workshop in Bethesda, MD, February 8-9, 2006, NABP offered its viewpoints on radiofrequency identification (RFID), or track and trace technology, in terms of curbing counterfeit medications. The meeting was held to discuss the December 1, 2006 expiration of the Prescription Drug Marketing Act (PDMA) of 1987's pedigree stay.

The implementation of RFID and track and trace technologies enables the creation of a pedigree for medications recording distribution of drugs from the manufacturer through the acquisition and sale by any wholesale distributor or repackager down to the pharmacy level.

According to NABP Executive Director/Secretary Carmen A. Catizone, "NABP believes that implementation of a track and trace technology system by 2007 is possible and will secure the medication distribution supply chain through the creation of an electronic pedigree and other enhancements."

Catizone further explained that this optimism is based upon two developments. First, the necessary framework to license and regulate wholesale

distributors and establish an appropriate environment for the implementation of track and trace technologies is in the process of being implemented by the states. Legislation and regulation has been adopted or is under consideration in the following states: Arizona, California, Florida, Indiana, Iowa, Nevada, New Jersey, New Mexico, Oklahoma, Texas, and Virginia. For example, by July 1, 2006, all medications in Florida must have a pedigree in either a paper format or an electronic format. Secondly, pilot projects for track and trace technologies have demonstrated that such concepts can be developed and implemented successfully by the 2007 deadline.

Catizone told the panel that several areas must be addressed in order to achieve the desired and realistic goal of implementing some degree of track and trace technologies by 2007.

It is critical that industry standards and a common information technology infrastructure be established so medicines can be tracked across the entire supply chain. Before RFID can be widely used throughout the pharmaceutical industry, compatible technologies must be developed and coding standards created. It is imperative that the wholesale industry work

with all of the components that affect the distribution chain to develop universal standards for the design and implementation of the track and trace technologies. Without uniform standards and compatible design for the various technologies, the resulting system will be nonfunctional and cost prohibitive. The existence of multiple variations of systems will also complicate all facets of the wholesale distribution supply chain and essentially negate the desired outcome of accounting for products throughout the medication distribution supply chain.

Catizone noted that it is important for FDA to continue to expand its leadership role concerning the use of the track and trace technology. To date, FDA's efforts have largely been to encourage a voluntary approach toward widespread adoption of electronic track and trace technology. NABP believes this voluntary approach may not be enough, particularly noting the slow progress of RFID and electronic pedigree. NABP encourages FDA to change its approach from voluntary to mandatory, and, in key areas to be identified by FDA and the states, mandate necessary components and standards.

In FDA's May 18, 2005 report *Combating Counterfeit Drugs: A Report of the Food*

and Drug Administration Annual Report (Report), it was stated "... adoption and wide-spread use of reliable track and trace technology is feasible by 2007. . . . Implementation of RFID will allow supply chain stakeholders to track the chain of custody (or pedigree) of every package of medication."

The *Report* further states that FDA has undertaken the development of standards for track and trace technology; this will ensure that the electronic track and trace technologies that are adopted are comprehensible and data communication systems are interoperable.

In response to questions regarding RFID and regulatory issues, FDA issued a Compliance Policy Guide (CPG) for implementing RFID feasibility studies and pilot programs as an important and essential step in moving this technology forward. The CPG outlines FDA's current beliefs regarding several labeling, current Good Manufacturing Practices, and other regulatory issues that may arise by affixing an RFID tag to a drug product for a feasibility study or pilot program.

In November 2004, FDA created the RFID Workgroup, which is charged to monitor the

(continued on page 113)

New Nebraska, Mississippi Laws Address Wholesale Distributor Licensing Requirements, Recognize Wholesaler Accreditation Such as VAWD

As state legislators have become more aware of the threat of medication counterfeiting – not to mention the vulnerability of the wholesale distribution “link” in the supply chain – Nebraska and Mississippi have recently enacted legislation that safeguards wholesale distribution and recognizes the utilization of national wholesale distribution accreditation programs such as NABP’s Verified-Accredited Wholesale Distributors™ (VAWD™) program as valuable tools for protecting the public health against this threat.

Nebraska Governor Dave Heineman signed into law Legislative Bill (LB) 994, which features several components of NABP’s Model Rules for Licensure of Wholesale Distributors, on April 12, 2006. According to the new law, applicants for a wholesale distributor license will be required to obtain a criminal background check, submit a surety bond, and appoint a designated representative who is responsible for the operation of each facility. In addition, the law authorizes the Nebraska Department of Health and Human Services Regulation and Licensure to utilize a national accreditation program to inspect and accredit wholesale distributors.

LB 994 also includes authorization of the establishment of a pedigree system for prescription drugs that leave the normal distribution chain, including an electronic pedigree system with authentication, tracking, and tracing capabilities that address this situation. The law also stipulates due diligence requirements, establishes prohibited acts to prevent the entry of counterfeit prescription drugs into the distribution channel, and establishes criminal penalties for violations.

In Mississippi, Governor Haley Barbour signed into law on April 5, 2006, House Bill No. 542, which, among other provisions impacting the practice of pharmacy in the state, authorizes the Mississippi State Board of Pharmacy to implement stricter permit requirements for both in-state and out-of-state prescription drug wholesale distributors, chain pharmacy warehouses, and repackagers. The legislation also authorizes the Mississippi Board to use an outside agency, including a specific mention of the VAWD program, to accredit wholesale distributors and repackagers.


The VAWD program provides assurance that the wholesale distribution facility operates legitimately,

is validly licensed in good standing, and is employing security and best practices for safely distributing prescription drugs from manufacturers to pharmacies and other institutions in order to safeguard the public health against the growing threat of prescription drug counterfeiting. Applicants for VAWD accreditation undergo a criteria compliance review, licensure verification, an inspection, background checks, and screening through NABP’s Clearinghouse.

Nebraska and Mississippi join Indiana and Oklahoma as states that have passed legislation authorizing the state board of pharmacy to use an outside agency, such as NABP’s VAWD program, to accredit wholesale distributors; in 2005 Indiana passed a law requiring wholesale distributors to obtain VAWD accreditation. In addition, despite the


absence of legislative changes to Idaho’s wholesale distributor statutes, the Idaho Board of Pharmacy requires inspections of in-state and out-of-state wholesale distribution facilities and allows wholesale drug distributors from states that do not perform routine inspections to obtain VAWD accreditation as a means of meeting the requirement.

In addition to the states with legislation that mentions the VAWD program, many other states are working on legislation and regulations that would enact safeguards for the wholesale distribution component of the pharmaceutical drug supply chain, including stricter licensing requirements, bonding, and pedigrees.

For more information about the VAWD program or to download an application, visit NABP’s Web site at www.nabp.net. 

NABP to Highlight Programs at AACP Meeting

NABP will present an overview of its competency assessment and accreditation programs and services from 10:30 AM to noon on Tuesday, July 11, 2006, during the American

Association of Colleges of Pharmacy’s (AACP) 2006 Annual Meeting. The AACP Annual Meeting will be held from July 8-12, 2006, at the Sheraton San Diego Hotel & Marina, in San Diego, CA. 

Legal Briefs

(continued from page 101)

Omnibus Crime Act. He was accompanied by legal counsel.

Fred was scheduled to testify at 8:30 AM. We entered the hearing room at 7:45 AM only to be greeted by television lights, television cameras, a swarming crew of TV technicians, the national press, and an audience of national pharmacy association executives and law enforcement officers. The entire group of congressional committee members filed in and the chairman immediately announced that Fred had been preempted at the 8:30 AM slot by the very busy and talented attorney general of the state of California. Cameras rolled as the chairman praised the attorney general on his fine work in law enforcement and he, in turn complimented the committee on its great foresight in forging the Omnibus Crime Bill. After the exchange of platitudes, in my view, nothing of significance was asked or said.

After the testimony of the attorney general, the TV cameras were turned off, the lights dismantled and the national press departed. All of the members of the committee also left with the exception of the chairman and his aide. Fred delivered a great analysis of the proposed legislation, its strong points, and its weak points. If the chairman was listening, you would not have known it by his demeanor. His aide provided him with questions

and, perhaps, kept him awake. So much for NABP's first congressional appearance. It is interesting to note that Fred questioned the inclusion of the "no knock" provision and the legislation, after adoption, was declared unconstitutional because of this provision. Check that against our present day Patriot Act.

Compare Fred's congressional testimony experience with NABP's experience today. Your executive director, Carmen A. Catizone, has appeared before congressional committees seven times over the past two years. NABP testimony and input has been sought by Congress and the federal administrative agencies on numerous occasions. Why? Because of NABP's stature at the national level – because it is the only independent organization in pharmacy – because it has no hidden agenda – because it does not owe or expect political favors – because its only motive is the protection of public health.

And let us not forget the number of appearances Carmen has made before state legislators and state boards. In all of his appearances, he has not only provided invaluable information but has done so in a manner to protect the continuation of licensure and regulation at the state level where it has been so effectively administered. Has NABP played a major role in aiding state boards in the protection of public health? Who in the pharmacy field has not heard of the

Blue Ribbon Examination, National Association of Boards of Pharmacy Licensure Examination (NABPLEX), the North American Pharmacist Licensure Examination™ (NAPLEX®), the Multistate Pharmacy Jurisprudence Examination® (MPJE®), the Verified Internet Pharmacy Practice Sites™ (VIPPS®) program, the Verified-Accredited Wholesale Distributors™ (VAWD™) program, NABPLAW, the Federal Drug Law Examination, and the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification Program?

In the past, state boards prepared the licensure and law examinations. These were given in the morning and afternoon and the board met on many occasions, in a hotel room to grade the tests. Seventy-five was the magic number. If Bill or Jane scored 74, then upon review, suddenly the needed 75 was achieved. At that time, who had heard of test validation, job analysis, adverse impact, differential item functioning, or equating. Suddenly, along came litigation questioning the validity of examinations, and the testing criteria of the Equal Employment Opportunities Commission and the American Psychological Association.

It quickly became evident that boards did not have the expertise or the resources to prepare valid examinations. NABP filled the gap with the Blue Ribbon Examinations

followed by NABPLEX. In 1979, NABPLEX became the recognized licensure examination as reflected in an amendment to the NABP Bylaws adopted by the Association in 1978.

Fred and I were returning from a National Drug Trade Conference (now known as National Conference of Pharmaceutical Organizations) with our wives in 1980, and, upon arriving in New York, were advised that Chicago O'Hare was closed and expected to stay closed for three days due to 24 inches of snow. Fred suggested we go to Louisiana to meet with the Board of Pharmacy to discuss NABPLEX. Louisiana and one other state had elected not to use NABPLEX and had been relegated to associate membership in NABP. Because our luggage had been checked through to Chicago, we were taken by airline personnel to the baggage section of Kennedy Airport and turned loose to identify and obtain our luggage. Can you imagine such a practice in this day of airport security?

Upon arriving in New Orleans, we rented a car and went to a very nice motel. We noticed that one wall had wall to wall draperies. As we were leaving to visit the Board, Betty asked Fred what she and my wife, Mary, could do with no car. In his usual vernacular, Fred said g.....d..... it, Betty, sit and watch the beautiful scenery. With that he opened the drapes only

to find that they covered a solid, brick wall.

While Betty and Mary might not have been happy, the Louisiana Board happily joined the NABPLEX program quickly followed by the second state that had initially opted not to join the program. Truly, the nation now had a uniform licensure examination.

In 1982, after hours of discussion, the NABP membership voted to support a program to aid foreign pharmacy graduates seeking licensure in the US. Since the federal government had indicated an interest in establishing such a program, NABP acted to keep the licensure process at the state level. It formed the FPGEC, which, in turn, forged the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®). It was predicted that this program would last about five years at which time all eligible foreign graduates would be exhausted. In 2006, 24 years after its adoption, it continues to grow.

Like all entities forming and administering examination programs, NABP has been confronted with lost examinations, conversion of test questions, unrealistic score improvement by a candidate from test to test, and outright cheating. NABP has in place policies that are immediately instituted should any examination breach occur. As a result, it has been able to avoid some of the dire results suffered by other professional

examination programs. NABP's quick reaction to compromises has convinced past and future examinees that NABP will not tolerate improper intrusions into its examination programs.

It is rather amazing that NABP has reached the heights it has attained through volunteers that constitute its Executive Committee, its other committees, and its task forces. In the 1960s, it was not unusual for a person to serve one or two three-year terms on the Executive Committee, then proceed through the office of treasurer, second vice president, first vice president, president, chairperson, and then as a liaison for three additional years to maintain continuity. Would you believe that in the late 1960s and early 1970s, however, NABP would have to search for candidates to urge them to seek a position on the Executive Committee?


In its more recent history, contested elections seem to be the norm rather than a rarity. Affiliated members consider it to be an honor and privilege to be an officer or member of the Executive Committee. Rest assured that the Executive Committee members attend the meetings, are attentive, knowledgeable, and willing to learn and accept the responsibility of managing your Association between Annual Meetings. The current 12 million dollar budget, by the way, is approximately one hundred times larger than the budget of 1965.

During its 100 plus years, NABP has had four executive directors. While some of you may believe I was around when NABP was founded in 1904, I have only had the privilege of working with Fred Mahaffey and Carmen Catizone. Fred had a staff of three dedicated people and under his leadership, NABP developed its examination program while continuing to maintain and improve licensure transfer. The national image of NABP began to rapidly grow. Carmen has a dedicated staff in excess of 75 and under his leadership NABP has developed into the organization it is today. What has Carmen done other than annoy his legal counsel? Try NAPLEX, VIPPS, VAWD, MPJE, NABPLAW, the Electronic Licensure Transfer Program®, the Pharmacy Compounding Accreditation Board, and the Pharmacist Self-Assessment Mechanism™. Consider also the continuing development of the NAPLEX program and FPGEE, the expansion of the licensure transfer program to include Florida and California, his presence as a nationally renowned figure in pharmacy, and the man that approves legal bills. All the accomplishments of Fred and Carmen would not have been possible without their dedicated staffs and the voluntary services of you, the members of NABP.

In 2002, ACPE accredited the pharmacy program of the Lebanese American University

(LAU). This global move impacted state boards which had to consider the eligibility of LAU graduates. ACPE also found the Canadian bachelor of pharmacy degree to be at least equivalent to the US bachelor degree allowing Canadian graduates to bypass FPGEE in certain jurisdictions. NABP added associate members from Australia, New Zealand, and South Africa to join the Provinces of Canada that have been associate members for years. NABPLEX became the NAPLEX, based on competencies that were equally applicable to both US and Canadian Pharmacy programs. How this global transformation may affect boards of pharmacy will, perhaps, be one of the most urgent considerations in the future.

Ladies and gentlemen, if these rambling remarks do nothing more than cause you to step back and realize what a vibrant, progressive, influential body NABP has become, I have been successful. NABP cannot and will not rest on its laurels but must continue aggressively to help boards of pharmacy protect the public health. Those of you before me today and those who have preceded you should look with great pride at your organization.

But always remember, this great and ongoing responsibility of NABP to continue to aid state boards in the protection of public health – is yours and yours alone – run with it. Thank you. 

Around the Association

Quebec Order of Pharmacists Names New Registrar

Manon Lambert, BPharm, MSc, has been hired as the new registrar of the Quebec Order of Pharmacists, replacing **Pierre Ducharme, BScPharm, MSc**.

New Board Members

Rosemarie Duffy, RN, has replaced **Sharon Sellers** as a public member of the Washington State Board of Pharmacy, with a term expiration date of January 19, 2010.

Jeanne M. Severson, RPh, was appointed to the Wisconsin Pharmacy Examining Board and will serve as the new vice chairperson. Her term will expire on July 1, 2009.

New Board Officers

Richard P. Zarek, RPh, formerly chairperson of the Nebraska Board of Pharmacy, is the Board's new vice chairperson. In addition, **Charles Curtis "Curt" Barr, PharmD**, formerly vice chairperson, is now chairperson. **Linda Labenz**, formerly a member, is now secretary. 

NCC MERP

(continued from page 103)

Major Accomplishments

NCC MERP's major accomplishments during its first 10 years include:

- Development of a standardized definition of "medication error" that has been widely adopted by the United States Department of Health and Human Services Centers for Medicare & Medicaid Services, FDA, USP, and others;
- Development of the *NCC MERP Taxonomy of Medication Errors* that is widely requested by hospitals and other health care establishments;
- Development of a severity category index of medication errors;
- Issuance of 11 sets of recommendations directed to health professionals in an effort to prevent medication errors and focus on safe prescribing, labeling and packaging, dispensing, administering, and reporting of errors;
- Planning and convening two invitational conferences that focused on controversial, important public health issues (standardization of barcodes on medication packages and containers, and standardization of suffix use with drug nomenclature); and

- In concert with 93 state and national associations, NCC MERP signed on to a set of general principles supporting legislation to uphold as *privileged* that information submitted to error reporting programs. These principles were incorporated into the Patient Safety and Quality Improvement Act of 2005, which was passed by Congress and signed into law in July 2005.

The impact of NCC MERP activities is evidenced by the broad use and adoption of the Council's products, including the *NCC MERP Taxonomy of Medication Errors* and the Medication Error Index. To date, many organizations have formally requested and been granted permission to use the *NCC MERP Taxonomy of Medication Errors*. In addition, NCC MERP's work has been quickly embraced by the international community. Many countries including Canada, the United Kingdom, Australia, and others have embedded the *NCC MERP Taxonomy of Medication Errors*, the definition of medication error, or other components of NCC MERP's products into national reporting systems, patient safety best practices guidelines, and error reporting/analysis systems. In 2005, the Council submitted the *NCC MERP Taxonomy of Medication Errors* to the World Health Organization

for their unencumbered use in the World Alliance for Patient Safety project, which focuses on building international consensus on a high level taxonomy that will support analysis, aggregation, and learning from patient safety data within and across countries.

Current Activities

The Council is currently engaged in several activities that will come to fruition over the next six to 12 months, including:

- Updating previously developed recommendations and other work products to ensure currency and ongoing relevance;
- Defining the scope of the medication errors associated with tubing interchangeability;
- Articulating and disseminating the most common risk behaviors as determined through structured evaluation of more than 600 medication error cases;
- Developing and disseminating principles to guide the approved partial use of the taxonomy;
- Developing a database of *NCC MERP Taxonomy of Medication Errors* users and establishing a process to routinely obtain input/feedback on the practical issues associated with the use of the *NCC MERP Taxonomy of Medication Errors*;

(continued on page 118)

June 2006 FPGEE Administration Approaching

NABP announces that the next Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) administration is scheduled for June 24, 2006, in three United States locations: San Mateo (San Francisco), CA; Northlake (Chicago), IL; and New York, NY.

The FPGEE is one requirement of the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification Program, which NABP provides as a means of documenting the educational equivalency of an applicant's foreign pharmacy education, as well as his or her license and/or registration. During the FPGEC Certification process, applicants are required to submit certain documents or have the documents submitted to NABP from educational or

licensure institutions that present their educational backgrounds and licensure and/or registration to practice pharmacy. Applicants are also required to pass the FPGEE, the Test of English as a Foreign Language™ (TOEFL®), and the Test of Spoken English™ (TSE®). Applicants who have passed the FPGEE but have not satisfied the language requirements for the portion required for the FPGEC Certificate need to be aware that the TOEFL and TSE will be phased out in 2006 and replaced with the TOEFL Internet-based Testing (iBT), an online version of the TOEFL. During the phase-out period of the TOEFL and TSE and the phase in of the TOEFL iBT, either minimally acceptable TOEFL iBT scores or a combination of minimally

acceptable TOEFL and TSE scores will satisfy the language requirements for the FPGEC Certificate.

The FPGEC Certificate allows foreign graduates to partially fulfill eligibility requirements for licensure in the 50 jurisdictions that recognize the certification. NABP continuously alerts applicants that the FPGEC Certificate is not a license to practice pharmacy. Applicants who receive the FPGEC Certificate are qualified by the state boards of pharmacy that accept the FPGEC Certificate to continue the licensure process and take the North American Pharmacist Licensure Examination™ and other required examinations in those jurisdictions that accept this certification. To date, 50 state boards of pharmacy

recognize the FPGEC Certificate.

Beginning in April 2006, NABP partnered with Educational Credential Evaluators, Inc for the educational credential evaluation of applicants to the FPGEC Certification Program. This change to the processing of FPGEC Certification applications was made in response to a continuous increase in applications for the FPGEC Certification Program and NABP's ongoing efforts to improve processing times.

Applicants with questions about the FPGEC Certification Program, the FPGEE, or Pre-FPGEE® – the practice examination for the FPGEE – may visit NABP's Web site at www.nabp.net for more information or to request FPGEC Certification Program applications. ☎

RFID

(continued from page 108)

adoption of RFID in the pharmaceutical supply chain, pro-actively identify regulatory issues raised by track and trace technology, and develop straightforward processes for handling those issues. According to FDA, "... the workgroup will improve communication with members of the supply chain on RFID related issues and will facilitate both the performance of pilot studies

and the collection of data needed to formulate policy."

According to the *Report*, FDA's next steps regarding track and trace technology include:

1. Continue to play an active role in public and private sector efforts toward developing an "electronic safety net" for the drug supply, including the adoption and widespread use of

reliable track and trace technology in 2007.

2. Continue to facilitate and monitor activities to establish standards for numbering systems, chip frequency, electronic pedigree, and data-sharing and security.
3. Continue to encourage and foster research on the use and potential impact of RFID on drug and biological products.

4. Regularly review the extent and pace at which RFID is being adopted.

NABP will continue to work closely with FDA to ensure that RFID technology is implemented to curb counterfeit medications and protect patients' safety. Also, the results of the findings from FDA's panel discussion in February are expected to be released sometime in May 2006. Results from this meeting will be highlighted in a future NABP *Newsletter*. ☎

nabp newsletter

Unclear Labeling Contributing Significantly to Acetaminophen Overdoses

According to the March 2006 Institute for Safe Medication Practices (ISMP) *Medication Safety Alert!*, prescription container labeling of acetaminophen combination medications is one of the contributing factors in the fact that acetaminophen-induced liver toxicity accounts for more than 40% of United States acute liver failure cases.

The recommended limit for acetaminophen is 4,000 mg per day, but in some instances, patients are taking over-the-counter (OTC) acetaminophen products in addition to prescription medications containing this analgesic and are unaware of the limit, according to ISMP. Further, ISMP points out, patients and caregivers might have difficulty identifying acetaminophen-containing prescriptions when reading pharmacy-generated labels and medication administration records (MARs); space limitations on these labels that lead to unfamiliar abbreviating (note that “APAP” is commonly used to abbreviate acetaminophen), combination medications, and illegible or even missing dosages are specific problems with labeling that ISMP has identified.

Some pharmacists affix auxiliary labels warning

that the medication contains acetaminophen and that taking more than recommended amounts can cause serious liver damage, affix auxiliary labels warning patients to avoid taking the medication with other products containing acetaminophen, or hand out medication information sheets with similar warnings. However, ISMP notes that these materials have limitations such as patients’ failure or inability to read them, inability to accurately calculate a safe number of dosage units, lack of knowledge that other medications they take also contain acetaminophen, and lack of awareness that their individual circumstances (eg, alcohol intake, liver disease) may warrant lower daily doses.

To remedy this situation, ISMP recommends several actions that pharmacists can take:

- Query patients about their prescription and OTC medications – including cough, cold, and analgesic – to determine the level of acetaminophen use;
- Educate patients about the dangers of acetaminophen overuse and explain that it is available in many prescription and OTC products via a flyer that also addresses acetaminophen-related issues;
- Standardize the way acetaminophen appears

on pharmacy generated labels and MARs and inform patients about the standardization and ensure that labels list the amount of acetaminophen in each dose whenever possible;

- Compare acetaminophen information on auxiliary labels and on information leaflets to information on pharmacy labels for consistency and note any needed improvements;
- Require pharmacists to provide verbal and printed medication information to patients when dispensing new prescriptions and establish a process (eg, placing prescription medications containing acetaminophen in a separate area or marking the bag) that alerts clerical staff that counseling is required;
- Alert patients to the specific amount of acetaminophen in each dose, the maximum number of doses per day, and whether or not other products containing acetaminophen can be used simultaneously;
- Recommend that patients using these medications speak with a pharmacist when selecting OTC products;
- Be aware that symptoms of acetaminophen poisoning and liver toxicity may be similar to those of other illnesses for which patients use acetaminophen; and

- Utilize “shelf talkers” near acetaminophen-containing OTC products to raise awareness about the dangers of acetaminophen overdoses.

Company Notifies Pharmacists about Packaging Change Designed to Prevent Insulin Product Mix-ups

Novo Nordisk, Inc recently notified pharmacists about a packaging change designed to help prevent mix-ups when dispensing two of the company’s insulin products: NovoLog®, a rapid-acting insulin analog, and NovoLog Mix 70/30, a premixed insulin analog.

Until recently, the packaging for NovoLog and NovoLog Mix 70/30 appeared very similar, with both boxes white with a blue band. The current packaging for NovoLog Mix 70/30 remains white with a blue band, similar to the look of previous packaging, but the packaging for NovoLog has been changed to white with an orange band.

The company also makes several recommendations to help pharmacists avoid dispensing errors:

- If removing the insulin from the box for any reason, be sure to put it back in the same box;
- Store medications with similar names separately from one another;
- Ensure that patients know the insulin name and type

(continued on page 119)

North Carolina Board Breaks Up Largest Diversion Case in Board's History

Only a month apart from each other, investigators at the North Carolina Board of Pharmacy shut down two major drug diversion operations involving Internet pharmacies.

United Care Pharmacies, LLC

After receiving numerous complaints about United Care Pharmacies, LLC in Wilmington, NC, the Board, along with United States Drug Enforcement Administration (DEA), began investigating United Care and discovered that the online pharmacy had as many as 20 Internet addresses, which frequently changed. On March 8, 2006, the Board served Summary Suspension Orders on United Care's pharmacy permit and the pharmacist's license. According to Steve W. Hudson, director of investigations and inspections at the North Carolina Board,

"The pharmacy [United Care] was operating a 'text book' pill mill."

It was later determined that over 7,700,000 dosage units of controlled substances were received at United Care during a five-week period beginning February 1, 2006 – most of the products were moved out, via Internet orders, the same day shipments arrived.

Hudson further stated that this shutdown was the largest of any type of drug diversion operation he has experienced in his 28 years with the Board.

Kwic Fill, Inc

The Board shut down another Internet pharmacy with the aid of DEA on April 5, 2006. Located in Fayetteville, NC, Kwic Fill, Inc was shipping approximately 4,000 to 5,000 orders a day. According to a *News 14 Carolina* report,

Kwic Fill was registered as a legitimate North Carolina pharmacy – having received its permit just a couple of months before the Board shut down the pharmacy.

Jay Campbell, executive director of the Board, states, "I'm not proud of that. . . . Certainly if the [B]oard had reason to know this was this kind of outfit that would be open, we wouldn't have given them a permit. This type of operation [drug diversion pharmacy] will not be tolerated and we will continue to pursue other illegal operations when we are notified."

Due to the increase in illegal Internet pharmacy Web sites in the state, the Board is planning on adding a regulation that will require these pharmacies to be certified through NABP's Verified Internet Pharmacy Practice Sites™ (VIPPS®) program.

To be VIPPS certified, a pharmacy must comply with the licensing and inspection requirements of their state and each state to which they dispense pharmaceuticals. In addition, pharmacies displaying the VIPPS seal have demonstrated to NABP compliance with VIPPS criteria including patient rights to privacy, authentication and security of prescription orders, adherence to a recognized quality assurance policy, and provision of meaningful consultation between patients and pharmacists. If North Carolina passed VIPPS legislation, it would be the second state in the US to require VIPPS certification of the state's pharmacy Web sites. Currently, Kentucky requires both in- and out-of-state Internet pharmacies to have VIPPS certification. Ⓢ

Executive Committee

(continued from page 98)
forces including the Task Force on the Development of an Equitable Degree Upgrade Mechanism and the Task Force on Electronic Transmission of Data Between Prescriber and Pharmacist. Mr Jessen received his bachelor of science degree in pharmacy from the South Dakota

State University College of Pharmacy, and his doctor of jurisprudence degree from Drake University Law School.

Karen M. Ryle, MS, RPh

An active member of NABP since she was appointed to the Board, Ms Ryle has served as chairperson for both the Task Force to Develop Recommendations to Best Reduce Medication Errors in Community



Pharmacy Practice and the Task Force on Telepharmacy and the Implementation of the Medicare Drug

Benefit Medication Therapy Management Provisions. Currently, Ms Ryle is the director of Outpatient Pharmacy Services at Massachusetts General Hospital. She holds a bachelor of science degree in pharmacy and a master of science degree in drug regulatory affairs from Massachusetts College of Pharmacy and Health Sciences. Ⓢ

nabp newsletter

Committee

(continued from page 105)

The *Model Act* contains several references to electronic prescriptions and the electronic transmission of prescription information. The current model language conflicts with the electronic prescribing standards in that the *Model Act* requires prescription information to be transmitted *directly* from the prescriber to the pharmacist *with no intervening person having access to the prescription*.

In order to resolve the conflict between the “foundation standards” and the *Model Act*, the LE/L Committee recommended that the language be removed, but it also cautioned that

it must be made clear that NABP’s intention is not to set the stage for PBMs to return to drug switching practices. NABP should emphasize that the evolving technologies and systems have alleviated concerns regarding the routes by which electronic prescriptions are transmitted, but that any attempts to return to illegal prescription altering practices will be stopped.

Other Recommendations to be Considered

The LE/L Committee also reviewed the recommendations of the Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit Medication Therapy

Management Provisions and made two recommendations regarding the work of this Task Force. Subsequently, however, NABP’s Executive Committee ordered a second meeting of the Task Force to settle some unresolved issues, thus putting on hold the release of the original Task Force report and LE/L Committee recommendations. The second Task Force will consider the recommendations of the first Task Force, as well as those of the LE/L Committee, in its deliberations. Once the Task Force report is finalized and approved by the Executive Committee, it will be released.

Members of the 2005-2006 L/EL include Committee

Chair Malcolm J. Broussard, executive director, Louisiana Board of Pharmacy; C. Richard Allen, deputy director, Georgia Drugs and Narcotics Agency; Debra L. Billingsley, executive secretary/director, Kansas State Board of Pharmacy; Susan M. DelMonico, member, Rhode Island Board of Pharmacy; Davis C. Hook, Jr, member, South Carolina Board of Pharmacy; Sudhir C. Manek, member, Illinois State Board of Pharmacy; and Howard M. Shaver, member, New Mexico Board of Pharmacy. Also present at the meeting were Oren M. Peacock, Jr, Executive Committee liaison, and ex officio member Allan Dulwick of Kaiser Permanente Beaverton Pharmacy.®

ACPE

(continued from page 107)

stakeholders and completion of an anonymous Web-based survey of colleges and schools of pharmacy. After ACPE held a series of open hearings – including a session at NABP’s 101st Annual Meeting in New Orleans, LA – a second draft of the standards and a first draft of the guidelines were approved by ACPE’s Board of Directors, and more comments were solicited.

The result of the collaborative revision effort is standards and guidelines with several key differences compared with the original standards and guidelines,

according to ACPE. The revision has placed greater emphasis on the desired scientific foundation and practice competencies, the manner in which programs need to assess students’ achievement of the competencies, and the importance of the development of the student as a professional and lifelong learner. The standards uniformly include the verb “must,” indicating an absolute requirement for accreditation. The guidelines, the number of which has increased significantly based on feedback from ACPE stakeholders requesting

better clarification, are provided to help colleges and schools of pharmacy understand the breadth and scope of issues underlying the achievement of each standard. The guidelines employ “must” where matters of quality assurance require that a standards-related issue be addressed in a specific manner; “should” where guidance or suggestions for quality improvement are provided; and “in general” when not all aspects of a subsequent list apply in all situations.

Based on stakeholder feedback, the standards and guidelines were revised in the following areas:

- Communication skills;
- Curricular content;
- Evaluation/assessment/outcomes;
- Experiential education;
- Faculty and staff matters;
- Interprofessional teamwork;
- Patient safety;
- Professional competencies;
- Professionalism;
- Regional accreditation;
- Scholarship and research; and
- Student admission and progression.

The final revised standards and guidelines are available at www.acpe-accredit.org/standards/default.asp.®

Survey

(continued from page 97)

effort to reduce processing time for the NAPLEX as well as the Multistate Pharmacy Jurisprudence Examination® (MPJE®) and score transfer.

The vast majority of survey participants also indicated that they were “very satisfied” or “somewhat satisfied” with the MPJE, which was consistent with the results of the first survey. One participant responded to the open-ended question about improvements to the MPJE with a desire to see state-specific examination items written by an NABP-contracted counsel and approved by a member of the respective state board. A recommendation from NABP’s Advisory Committee on Examinations that staff implement the use of pharmacy law experts/consultants to write items in conjunction with the state boards of pharmacy submitting new items for the MPJE was approved by NABP’s Executive Committee in April 2006, and staff is now researching what is necessary to implement this suggestion.

A majority of participants also indicated that they were either “very satisfied” or “somewhat satisfied” with the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®)

Certification Program. Responses to open-ended questions indicated that shorter turnaround time is desirable. To this end, NABP established a partnership with Educational Credential Evaluators, Inc, which will handle the educational credential evaluation of applicants, while NABP verifies applicants’ professional licensing and registration information. This change is designed to reduce processing time for the program (April 2006 *NABP Newsletter*, page 75).

Changes in Other Programs Underway

Although NABPLAW® Online was cited as a valuable service in the first survey, many responses to the open-ended questions in the second survey revealed a desire for better searching capabilities.

In May 2006, NABP reached a partnership agreement with Thomson West™, which will provide the pharmacy law and regulation data for the NABPLAW database. NABPLAW will be accessible through Thomson West’s Westlaw® online legal research service and will feature dynamic search capabilities, with Westlaw providing a large staff that works to update state pharmacy laws and rules as they are passed; the improved service will be available at the same

price to the state boards of pharmacy as when NABPLAW was launched in the early 1990s.

As in the first survey, about three-quarters of participants in the second survey indicated that they were either “very satisfied” or “somewhat satisfied” with the Electronic Licensure Transfer Program® (ELTP®). Responses to open-ended questions were mixed regarding processing time, however, with many participants indicating that processing occurs in a timely manner and many others indicating that processing takes too long.

Recently, both via correspondence and the *NABP Newsletter* (see page 106 of this issue), NABP has provided the state boards with information intended to help them ensure successful licensure transfers and provide insight into how long each step of the process should take.

As in the first survey, participants in the second survey overwhelmingly indicated that their experience with NABP’s Customer Service Department was positive, with about 90% indicating that they were satisfied with the service received. Concerns that survey participants had regarding immediately reaching an individual for program-specific answers have

been addressed with the distribution of contact cards, which list extensions for programs to provide quicker answers to questions. Board officers, members, and executives were issued the contact cards in the third quarter of 2005 in response to the first survey, in which many participants expressed a desire for greater access to information. Another improvement that the Customer Service Department has implemented is a streamlining of its automated phone attendant system to reduce the number of steps required for callers to obtain the Association information they seek.

In response to questions about NABP’s Web site, participants indicated that they visit the site primarily for information about the Association’s programs, information about other state boards, and to access the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*. Since the first survey was completed, NABP has initiated plans to implement a redesigned site by the end of 2006 and feedback from both surveys is being taken into consideration. One of the key themes to emerge from the surveys is the desire for more intuitive navigation of the site; to

(continued on page 119)

Transfers

(continued from page 106)

each other, several states do not allow an applicant to transfer when using a particular license for the basis of transfer. Currently, 17 jurisdictions do not allow transfer when using a Florida license for the basis of transfer (see Table 1).

In addition, 26 jurisdictions currently do not allow transfer when using a California license for the basis of transfer (see Table 2).

With a change to NABP's Constitution and Bylaws that became effective on May 23, 2005, licensure transfer applicants are no longer required to maintain the license that was required by original examination in order to transfer into some jurisdictions. A survey conducted by NABP on September 16, 2005,

Table 1

Alabama	Nevada
Arkansas	N Carolina
Connecticut	Ohio
Georgia	Oklahoma
Hawaii	Oregon
Idaho	Tennessee
Louisiana	West Virginia
Minnesota	Wyoming

Table 2

Alabama	Mississippi
Arkansas	Montana
Colorado	Nevada
Connecticut	New Jersey
Dist Columbia	N Carolina
Georgia	Oklahoma
Idaho	Pennsylvania
Indiana	Rhode Island
Iowa	Utah
Kentucky	Vermont
Louisiana	Washington
Maine	West Virginia
Maryland	Wyoming

indicates that this is not the case for all jurisdictions. (Not all jurisdictions replied to the survey, and some decisions were pending at press time.)

Currently, 20 jurisdictions require licensure transfer applicants to maintain their license by original examination (see Table 3).

Conversely, 21 jurisdictions do not require licensure transfer applicants to maintain their license by original examination, but the licensure transfer applicant must have a license in good standing from a member board of pharmacy and transferred their license through the NABP Clearinghouse (see Table 4).

NABP continually reviews its internal processes to better assist the boards and applicants. Accordingly, by the end of the third quarter of 2006, the Association will be implementing an Internet-based application for individuals requesting licensure transfer.


More information about the licensure transfer process

Table 3

Alabama	New Hampshire
Alaska	New Jersey
Arizona	New York
Arkansas	North Dakota
Dist Columbia	Oklahoma
Kentucky	Oregon
Louisiana	South Carolina
Maine	South Dakota
Missouri	West Virginia
Nevada	Wyoming

Table 4

California	Montana
Delaware	Nebraska
Georgia	Ohio
Idaho	Puerto Rico
Illinois	Rhode Island
Indiana	Texas
Iowa	Utah
Maryland	Vermont
Massachusetts	Virginia
Minnesota	Wisconsin
Mississippi	

as well as downloadable Microsoft® Word and Adobe® Acrobat® PDF versions of the *Preliminary Application* are available at NABP's Web site at www.nabp.net. 

NCC MERP

(continued from page 112)

- Developing and disseminating recommendations focused on the safe use of sample medications within various health care settings; and
- Implementing follow up activities to the invitational roundtable meeting on the non-standardized use of drug suffixes in drug names.

Future Plans

NCC MERP's strategic plan focuses on continuing to

evolve its presence and role in the current patient safety environment, both nationally and internationally. Accordingly, NCC MERP's future priorities will include:


- Continued generation of relevant and timely products designed to help reduce or prevent medication errors and increase or improve error reporting;
- Greater presence and participation in various national patient safety activities; and
- Increased communications.

Based on current discussions, future directions may include:

- More focused attention on error-related issues in non-hospital settings such as long-term care, home care, and behavioral health care;
- Predictive risk modeling;
- A comprehensive analysis of medication error literature over the past 10 years;
- Initiation of a campaign for increased error reporting;
- Development of a Research Agenda that

targets critical error-reduction opportunities; and

- Enhanced error reporting incentives for further investigation, reliability, and validity studies relating to the Medication Error Index, expansion of NCC MERP membership, and the identification of collaborative opportunities with member organizations.

The full report is available at www.nccmerp.org/pdf/reportFinal2005-11-29.pdf. 

Comments on USP Chapter 797 Accepted Through August 15, 2006


United States Pharmacopeia (USP) has made its proposed revisions to Test and Assays Chapter 797, Pharmaceutical Compounding – Sterile Preparations (USP Chapter 797) available for public comment through August 15, 2006.

USP Chapter 797 was developed to ensure that compounded sterile preparations are of high

quality and help prevent harm to patients as a result of contaminated preparations.

The proposed revisions to USP Chapter 797 are available on USP's Web site at www.usp.org. Comments can be submitted using an online form, via e-mail at 797comments@usp.org, or via regular mail at USP Executive Secretariat, 12601 Twinbrook Parkway,

Rockville, MD 20852
Re: <797> Comments.

As part of this effort, USP will be hosting a series of Webinars to publicize and offer insight into the proposed revisions. A special Webinar will be reserved for board of pharmacy participants at no charge in late June 2006. Registration details will be provided to the boards when they become available. 

Survey

(continued from page 117)


this end, the new site will offer better navigation capabilities for its information via a site search engine and other features.

The feedback on NABP meetings was overwhelmingly positive, as a vast majority indicated that they were "very satisfied" with the networking opportunities, locations, facilities, value for their time and money, and keynote speakers. In regard to the continuing education (CE) programming, 44% indicated that they were "very satisfied" compared with 53% who indicated that they were "somewhat satisfied." In some

answers to the open-ended questions, participants indicated that they would like to see improvements in CE programming, although no specifics were provided. NABP's 102nd Annual Meeting, held in San Francisco, CA, in April 2006, did feature a few significant changes that received positive feedback among attendees. Dynamic new speakers such as the Honorable Tommy G. Thompson, former secretary of the United States Department of Health and Human Services, and Media Training Consultant Rea Blakey were featured at the Annual Meeting. In addition, Blakey's session, "Effective Communication and Delivery of Board

Policy in Public Meetings and with the Media," and the highly interactive panel discussion titled "Structuring an Effective Disaster Plan: Lessons Learned" featured completely new topics.

Additional Survey Planned

Addressing the needs of the Association's membership is an ongoing continuous improvement process. With that in mind, NABP is currently compiling the results of a third survey, this one designed to obtain useful feedback from board staffs who routinely work with NABP's testing and licensure departments. The results of this survey will be available in a future issue of the *NABP Newsletter*. 

Patient Safety

(continued from page 114)

that was prescribed for them; and


- Have patients check the name and type when picking up their prescriptions.

A Number You Should Know:

1-800/222-1222

The American Association of Poison Control Centers' (AAPCC) 2004 Annual Report pointed out that most poison incidents occur in the home.

Because community pharmacists are often the first line of contact when exposures occur, they should be aware that poison control centers offer valuable resources free of charge to both health care professionals and consumers.

In 2002, a national telephone number for poison control centers, 1-800/222-1222, was implemented that connects callers to the nearest poison control center in the event of a poisoning exposure or emergency 24 hours a day, seven days a week. Community pharmacists should keep this number readily available at their sites and encourage their patients to post this number on or near every telephone in their home. 

Source: *Institute for Safe Medication Practices*



Cynthia Sanoski, associate professor, Philadelphia College of Pharmacy (left), and Gary Milavetz, associate professor, University of Iowa College of Pharmacy (right), participate in the Foreign Pharmacy Graduate Equivalency Examination® Item-writing Workshop, held April 28, 2006, at NABP Headquarters in Mount Prospect, IL.

Reminder

Save the date: NABP's Program Review and Training sessions for board of pharmacy staff will be held September 25, 2006 and September 29, 2006 at NABP Headquarters in Mount Prospect, IL.



nabp newsletter

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