

State of New York
PHARMACY (PART III) SCHEDULING FORM
June 11-12, 2013

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

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

Last Name _____
 First Name _____
 Middle Name _____
 Social Security Number _____ - _____ - _____
 Birth Date _____ / _____ / _____
mo day year

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

Exam Date: June 11-12, 2013
 Deadline: April 1, 2013

Telephone Number (Home) _____ (Work) _____

Street Address _____ Apt. # _____

City _____

State/Province _____ Zip Code _____ E-mail _____

Were you required to submit documentation of 1,000 internship hours in order to be admitted to this exam prior to graduation? Yes No

Check ONE Exam Site for June 2013	<input type="checkbox"/>	New York City – St. John’s University
	<input type="checkbox"/>	New York City – Long Island University
	<input type="checkbox"/>	New York City – Touro College [NOTE: If you select this site, your Compounding Test (6/12/13) will be held at Touro College; the Written Test (6/11/13) will be held at an alternate New York City area testing site.]
	<input type="checkbox"/>	Albany
	<input type="checkbox"/>	Buffalo
	<input type="checkbox"/>	Rochester – St. John Fisher College [NOTE: If you select this site, your Compounding Test (6/12/13) will be held at St. John Fisher College; the Written Test (6/11/13) will be held at Buffalo.]

Reasonable Accommodations

Please check below if you have a disability and wish to request reasonable testing accommodations.

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

To request reasonable accommodations, contact the Professional Examinations Unit of the Office of the Professions at OPEXAMS@mail.nysed.gov or at (518) 474-3817, ext. 290.

General Information Regarding the Examination

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

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

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

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

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

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

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

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

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

Examination Selection and Fees

The fees listed below are in effect for the June 2013 administration of the examination. If you plan to take the examination in January 2014 or later, the fees may be different and you should request updated forms from the New York State Education Department by phone at 518-474-3817, ext. 250 or by e-mail at opforms@mail.nysed.gov.

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

- New Candidates - \$205.00
 Re-Admit Candidates - \$205.00

Total Amount Enclosed: \$ _____

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

Payment Method Check Money Order
 MasterCard Visa

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

Credit Card Number _____

Card Expiration Date _____

Name on Credit Card _____

Address of Cardholder _____

Signature _____

Statement of Affirmation

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

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

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

Candidate Signature

Date

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