



Alabama State Board of Pharmacy

111 Village Street

Birmingham, AL 35242

### Temporary Pharmacist Permit Application

License #

(Valid through December 31, 2020 or Termination of State of Emergency related to SARS-CoV-2 Pandemic, whichever sooner)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address 1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Are you the Supervising Pharmacist for this Employer? \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Hours worked at this Facility per Week \_\_\_\_\_ CPE Monitor # \_\_\_\_\_

Do you have a full and unrestricted license to practice pharmacy? **YES NO**  
If yes, list states, license # and give the status of license(s) \_\_\_\_\_

Have you been convicted, received adjudication, community supervision, or deferred prosecution of any felony offense or any crime related to fraud, violence, sexual violations, or related to the practice of pharmacy? **YES NO**  
If yes, explain \_\_\_\_\_

Has any pharmacy license issued to you been sanctioned? **YES NO**  
If yes, explain \_\_\_\_\_

Have you had a controlled substance license or permit suspended or revoked by any state or the Drug Enforcement Agency? **YES NO**  
If yes, explain \_\_\_\_\_

Are you currently under investigation by a licensing agency or law enforcement authority or any state, federal or foreign jurisdiction? **YES NO**  
If yes, explain \_\_\_\_\_

Are you a United States citizen, a National of the United States, or an alien lawfully present in the United States? **YES NO**  
*If yes, please attach a copy of documentation.*

**I hereby affirm that I have met all of the requirements for a temporary pharmacist permit as set forth by the Alabama State Board of Pharmacy. I understand that I must comply with the provisions of the Alabama Pharmacy Practice Act, Rules of the Board and all other applicable statutes and rules. I affirm that all information provided herein is true and correct and I recognize that providing false information may result in disciplinary action.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I hereby further affirm that I intend to practice pharmacy to provide healthcare to citizens of Alabama suffering from and effected by the SARS-CoV-2 pandemic.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email completed application to [lmartin@albop.com](mailto:lmartin@albop.com)