

1. Go to [www.albop.com](http://www.albop.com) and click on “My Profile” icon in the middle of the page. The screen shown below will appear.



Welcome to ALBOP Online Login.

Individual  Business

Enter all numbers and alphabets in your license # and last 4 of your SSN as Pin.

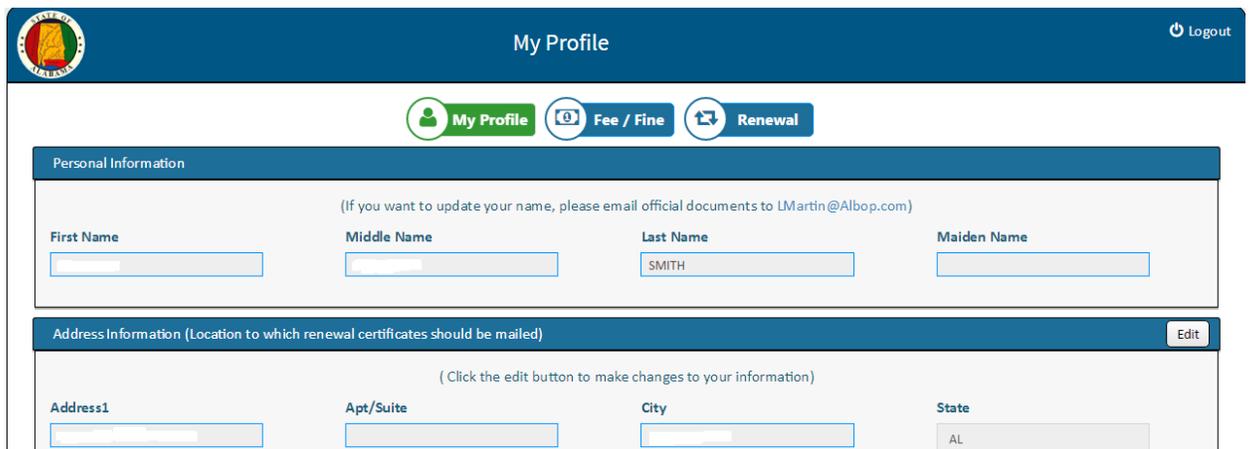
 License Number

 \_\_\_\_\_

Login

Office: 111 Village Street, Birmingham, AL 35452 USA. Voice: 205-981-2280 Fax: 205-981-2330 Hours : 8AM to 4PM CST.

2. Click on the “Individual” checkbox, enter your pharmacist license number in the “License Number” textbox, and the last 4 of your SSN in the “Pin” textbox. Click on the “Login” button. If your credentials are valid and you are eligible for the process, the screen shown below will appear.



3. The following sections will be displayed as part of your profile:
  - a. Name:
  - b. Address:
  - c. Contact
  - d. Training or Certifications being used
  - e. Certifications
  - f. Employer Details
  
4. **Name:** The profile will not allow you to make changes to your name. Please email [LMartin@albop.com](mailto:LMartin@albop.com) if you need to change your name on file.

5. **Address:** Click on the “Edit”  button to make changes to your address. Please note this is the address to which the certificates will be mailed. After making the required changes, click on the “Save” button in the address section.

Address Information (Location to which renewal certificates should be mailed)
Edit

( Click the edit button to make changes to your information )

<b>Address1</b> <input style="width: 95%;" type="text"/>	<b>Apt/Suite</b> <input style="width: 95%;" type="text"/>	<b>City</b> <input style="width: 95%;" type="text" value="BIRMINGHAM"/>	<b>State</b> <input style="width: 95%;" type="text" value="AL"/>
<b>County</b> <input style="width: 95%;" type="text" value="Jefferson"/>	<b>Zip</b> <input style="width: 95%;" type="text" value="35242"/>		

6. **Contact:** Click on the “Edit”  button to make changes to your contact details. You may also update your CPE Monitor Number in this section. After making the required changes, click on the “Save” button in the contact section.

Contact Information
Edit

( Click the edit button to make changes to your information )

<b>Phone #</b> <input style="width: 95%;" type="text"/>	<b>Alternate Phone</b> <input style="width: 95%;" type="text" value="( ) - -"/>	<b>Email</b> <input style="width: 95%;" type="text"/>	<b>CPE Monitor Number</b> <input style="width: 95%;" type="text"/>
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7. **Training or Certifications:** Check the boxes next to the training or certifications that apply to you presently. Click on the “Save” button.

Training or Certifications which you are presently using

<input type="checkbox"/> Administer Immunizations	<input type="checkbox"/> Certified in Nuclear Pharmacy	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Anticoagulation Specialist	<input type="checkbox"/> Certified in Pain Management	<input type="checkbox"/> Preceptor
<input type="checkbox"/> Board Certified	<input type="checkbox"/> Certified in Pharmacy Informatics	<input type="checkbox"/> Provide Diabetes Education
<input type="checkbox"/> Certified in Asthma Education	<input type="checkbox"/> Certified in Sterile Product Preparation	<input type="checkbox"/> Provide Medication Therapy Management
<input type="checkbox"/> Certified in Cardiovascular Disease Risk Management	<input type="checkbox"/> Consultant	<input type="checkbox"/> Provide Tobacco Cessation Education
<input type="checkbox"/> Certified in Diabetes Education	<input type="checkbox"/> HIV Specialist	

**Save**

8. **Certifications:** The profile will not allow you to edit or delete any entries. Please email [Lmartin@albop.com](mailto:Lmartin@albop.com) if you need to make any changes to this section.

Certification Details

Certification Type	Status	Original Date	Effective Date	Expiration Date	Comments
Consultant Certification	Active	07/18/2014	11/15/2015	12/31/2016	4 hours-11/8/15 3 hours-11/15/15
Consultant Certification	Expired	07/18/2014	07/18/2014	12/31/2015	10 hours-7/18/2014

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9. **Employer Details:**

Click on the trash can icon to change the status of an employment as “Previous” or “Current”.

Employer Details **Add New**

Name	Type	Address	City	Zip	Phone	Status	Status Change
GUARDIAN PHARMACY OF BIRMINGHAM, LLC dba: SOUTHERN PHARMACEUTICAL LONG TERM CARE	Facility	1100 7TH AVENUE	JASPER	35501	(205) 879-5300	Current	
SOUTHERN PHARMACEUTICAL LONG TERM CARE	Facility	1950 CRESTWOOD BLVD	BIRMINGHAM	35210	(205) 451-1822	Previous	
WALGREENS #6034	Facility	101 GREEN SPRINGS HWY.	BIRMINGHAM	35209	(205) 942-3668	Previous	

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Click on the “Add New” button to add a new employer to your profile. The screen shown below will appear. If your employer is in the State of Alabama, search for the business using the parameters as their business license number, name, or address.

If your employer is out of state, click on the “Out of State” box and that will show you the “Add New” button and follow the steps.

**Please note** that when searching by the name or address, it's advisable to use as minimum characters as possible. For example, if you are searching for Walgreen Store #456, just search for 456 or Walgreen. This will help the system bring up as many results as possible and avoid duplicate/bad entries.

**Add New Employer Details**

**Business Search**

Business Name  Owners Name  FEIN

Date Started  Phone Number

License Number  License Type  Phone Type

Address  City  License Status

State  Zip  County

Email

Controlled Substance  USP797  USP795

Search Type  Similar  Exact  Out of State

After you find the employer you are looking for, click on the “Select” icon shown below. That will mark this business as your current employer.

**Business Result**

Business Name	FEIN	Date Started	Address	City	State	Phone	Select
Filters	Filters	Filters	Filters	Filters	Filters	Filters	
CHRONISRIPT, A WALGREENS PHARMACY	36-1924025		1250 NW 7TH STREET	MIAMI	FL	(866) 469-6337	
COMMUNITY, A WALGREENS PHARMACY	36-1924025		1874 PIEDMONT AVENUE NE	ATLANTA	GA	(866) 851-4396	
JIM MYERS, A WALGREENS PHARMACY #15449	36-1924025		1520 MCFARLAND BLVD N	TUSCALOOSA	AL	(205) 759-1501	
JIM MYERS, A WALGREENS PHARMACY #15448	36-1924025		3325 UNIVERSITY BLVD EAST	TUSCALOOSA	AL	(205) 556-3800	
OPTION CARE ENTERPRISES, INC. d/b/a WALGREENS INFUSION SERVICES	680208702		10924 JOHN GALT BLVD	OMAHA	NE	(800) 279-0980	
WALGREENS #07716	36-1924025		3434 RAINBOW DRIVE	RAINBOW CITY	AL	(256) 413-1767	

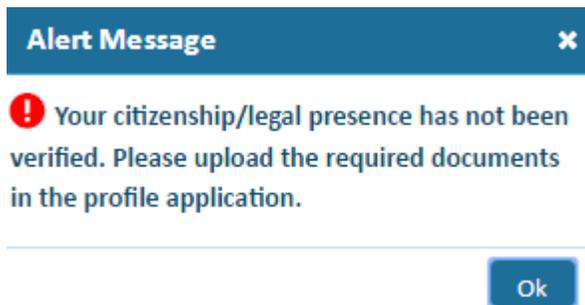
10. At this stage, you have completed your profile. If you have any outstanding fee/fine that you

would like to pay, click on the  icon at the top and follow the rest of the steps.

11. **Renewal:** Click on the  icon to start your pharmacist license renewal process.

12. If you are not eligible for the renewal process, the system will display the appropriate error message.

13. If your Citizenship/legal presence has not been verified, you will see the message below.



**Alert Message** ✕

**!** Your citizenship/legal presence has not been verified. Please upload the required documents in the profile application.

**Ok**

You may go back to the “Profile” section and upload the required document. Select the “Document Type”. Then click on the “Selected Document” to browse for the document you want to upload, and then click the “Submit” button.

**Please note** that the Board still has to verify the document before you can continue with the renewal process.



Citizenship Document

Document Type :

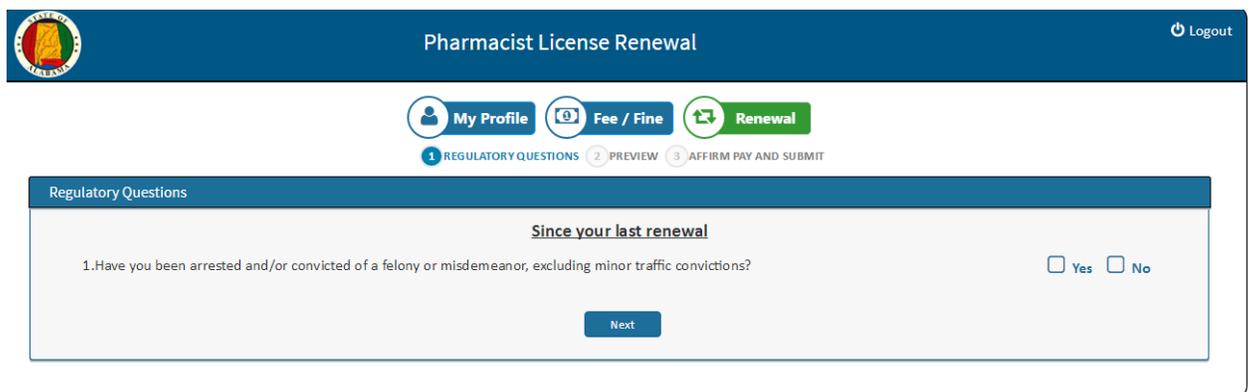
Citizenship Document : Select Document **Submit**

14. If you are eligible for the renewal process and have your citizenship/legal presence verified,

already, you will see the screen below when you click on the



icon.



Pharmacist License Renewal Logout

**My Profile** **Fee / Fine** **Renewal**

1 REGULATORY QUESTIONS 2 PREVIEW 3 AFFIRM PAY AND SUBMIT

**Regulatory Questions**

Since your last renewal

1. Have you been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?  Yes  No

**Next**

15. Answer all the eight questions that follow, type in explanations, and upload the required documents as applicable. You will then be taken to the preview screen shown below. Please verify your answers at this stage. Click on the “Next” button to move to the affirmation and payment page.

Preview

Regulatory Questions

**Since your last renewal**

1. Have you been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?  Yes  No

2. Have you been convicted of violating any laws regulating controlled substances or prescription legend drugs?  Yes  No

3. Have you been licensed, permitted or registered in any other state(s) as a pharmacist, pharmacy technician or any other position requiring a license, permit or registration from a pharmacy board or requiring a permit involving dispensing controlled substances?  Yes  No

4. Has any license, permit or registration issued to you been sanctioned? (This includes, but is not limited to, pharmacy.)  Yes  No

5. Are there currently any pending investigations or charges regarding any license, permit or registration issued to you?  Yes  No

16. **Submission:**

Answer the questions about US Citizenship and Controlled Substance. Enter the credit/debit card information and click on the "Submit" button. If your card details are valid, the system will give you a confirmation number. At this stage, you will also be able to print your application and payment receipt.

Affirm pay and submit

I hereby affirm that I have met all of the requirements for license renewal set forth by the Alabama State Board of Pharmacy. I understand that, within the upcoming licensure period, if the Board selects my license number for CE audit, I may be required to submit proof that I have met all applicable license renewal requirements. I understand that the Board may require such proof at any time and that it is my responsibility to maintain documentation supporting my affirmation of eligibility for license renewal. 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. That all information provided herein is true and correct and I recognize that providing false information may result in disciplinary action.

\* Electronic Signature : SMITH

\* Are you a US Citizen?  Yes  No \* Do you want to renew your CS ?  Yes  No

\* Amount Due : 100.00 \* Transaction Fee : 5.00 \* Total : 105.00

\* Person's Name on Card : Person's Name on Card \* Select Debit or Credit : Select Debit or Credit \* Card Type : Select Card Type

\* Card # : Card # \* Expiration Date : Select Select \* Security Code : \*\*\*\*

(Board of Pharmacy charge will appear as "ALA-ST BOARD OF PHARM" and convenience fee will appear as "Just E-Pay LLC" on your statement.)

Previous Submit