

Alabama State Board of Pharmacy
111 Village Street
Hoover, AL 35242

Date: _____

Name: _____ AL License # _____

This company's Non-Resident Pharmacy permit became invalid as of 12-31-14. We require a written statement from the supervising pharmacist or owner as to whether or not there have been any prescriptions dispensed into Alabama since the license became invalid. You must reply on this form below. Please sign, date and return to the address above. Statement must be notarized.

Sincerely,

Diane R. Decker
Licensing Manager, Facilities

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action.

Supervising Pharmacist/Owner Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20__

Notary Public (Seal)