

ALABAMA STATE BOARD OF PHARMACY
 111 VILLAGE STREET
 BIRMINGHAM, AL 35242

NON-RESIDENT PHARMACY PERMIT VERIFICATION

This form must be completed by the applicant and the Board of Pharmacy of the state in which the applicant is located. **PLEASE SEND THIS FORM WITH YOUR APPLICATION AND NOT SEPARATELY**

Name of Pharmacy		
Physical Address of Pharmacy		
City	State	Zip
Name of Supervising Pharmacist	RPH License #	Pharmacy License #
The following section is to be completed by the Board of Pharmacy of the state in which the applicant is located.		
<p>Is the pharmacy properly licensed or registered in your state? YES NO</p> <p>Has this pharmacy been the subject of disciplinary action(s) taken by any licensing jurisdiction, government agency, law enforcement agency or court? YES* NO</p> <p>*If yes, attached a letter of explanation, a copy of the charging document/complaint and all relevant court documents.</p> <p>Has the Supervising Pharmacist been the subject of disciplinary action(s) taken by any licensing jurisdiction, government agency, law enforcement agency or court? YES* NO</p> <p>*If yes, attached a letter of explanation, a copy of the charging document/complaint and all relevant court documents.</p>		
Printed name and title of State Official		State
Signature of State Official		Date
SEAL		