

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 and returned with the non-resident pharmacy permit application to the Board office before a non-resident pharmacy permit will be issued.

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