

For Office Use Only
P _____

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242
(205) 981-2280 fax (205) 981-2330
www.albop.com

Permit # _____

2017/2018 PHARMACY SERVICES PERMIT RENEWAL APPLICATION
Permit Fee \$100

Name/Address (existing info)	
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Name of owner(s): (If corporation, attach list of officers) _____

FEIN # _____ Required in the event of reporting to HIPDB

Phone # _____ Fax # _____ Cell # _____

E-mail _____

Give hours office is open for business: (M-F) _____ (Sat) _____ (Sun) _____

List name, address, license number, and hours employed of registered pharmacists, including owners, and registered technicians. (Use back of application if necessary)

Name	Address	License/Registration #	Hrs employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Designate Supervising Pharmacist Name and Alabama License # _____

Since last renewal:

1. Has applicant, officer, member, or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions? YES NO
If yes, explain _____
2. Are you currently registered or permitted in any other state(s)? YES NO
If yes, list state(s) (including AL) _____
3. Has applicant, officer, member, or partner owned a pharmacy, manufacturer, wholesaler, or distributor? YES NO
If yes, give state(s) and status _____
4. Has applicant, officer, member, or partner been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s), status and explanation YES NO

5. Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant, officer, member or partner involving the operation or ownership of a pharmacy, manufacturer, wholesaler or distributor? YES NO
If yes, give state(s), status and explanation _____
6. Has the applicant, officer, member or partner been issued a license to practice pharmacy? YES NO
If yes, give state(s) and status of license? _____
7. Has the license been sanctioned or subject to discipline? YES NO
If yes, explain _____

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. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Practice Act, the Rules of the Board and all other applicable statutes and rules.

Signed _____ (Officer, give title) _____ Date _____

Are you a US Citizen? YES NO If NO, submit documentation of legal status in this country.

Subscribed and sworn to before me this _____ day of _____ 20 _____ A.D.

Application Must Be Notarized _____ Notary (seal)

FOR OUT OF STATE PERMIT HOLDERS ONLY: 680-X-2-.41 (e)

Alabama Resident Agent: (name) _____

(Address) _____ (phone) _____

***ATTACH A COPY OF THE RESIDENT STATE PHARMACY LICENSE**