



INDIVIDUAL HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Name: <i>First</i> _____ <i>MI</i> _____ <i>LAST</i> _____		Date of Birth: _____
Social Security Number: _____	Telephone Number: _____	Email Address: _____
Home Address: <i>Number and Street</i> _____ <i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____		

Position with Business: *(Check all that apply)*

Owner
 Partner
 Officer
 Stockholder
 Member
 Designated Representative
 Other: Specify _____

1.	Have you been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been convicted of a felony or misdemeanor, excluding minor traffic conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been convicted of violating any laws regulating controlled substances or prescription legend drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been issued a license to practice pharmacy or as a pharmacy technician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has any license, permit, registration, certification or like authority issued to you or any entity you own/owned in whole or part by any board of pharmacy or any other occupational or regulatory board been sanctioned or subject to discipline in any way? If so, attach a copy of the discipline.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you currently or have you ever been charged with a substance abuse violation or been in a substance abuse treatment program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are there currently any pending investigations or charges regarding any license, permit or registration issued to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been denied, refused, or withdrawn an application for a permit or surrendered a license once issued for a pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B outsourcer and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you or any entity you own/owned in whole, or part ever surrendered or failed to renew any license, permit, registrations, certification or like authority issued by any board of pharmacy or any other regulatory board? If so, list state, type of license, etc., the occupation or profession, and reason for the surrender or failure to renew.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you or any entity you own/owned in whole or in part ever been denied any license, permit, registration, certification or like authority by any board of pharmacy or any other occupational or regulatory board? If so, list state, type of license, etc., the occupation or profession, and reason for denial.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Has an FDA 483 or Warning Letter ever been issued to any entity in which you have been or are currently involved/affiliated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Has any final judgement been entered, or settlement reached resulting from a claim or action for damages caused by any error, omission, or negligence in the performance of any pharmacy or pharmaceutical professional services by the Applicant or any Owner, Officer, Member, Director, or Partner or by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above questions you must attach an explanation that includes the date, license type, license number, your position, state issued, and a copy of any arrest records, board orders, disciplines, or court proceedings.

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 Act, the Rules of the Board and all other applicable statutes and rules.

Signature

Title

Printed Name

Date

FORM MUST BE NOTARIZED

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

APPLICATION MUST BE NOTARIZED _____

Notary Public (seal)