

APPLICATION FOR INACTIVE STATUS

GEORGIA BOARD OF PHARMACY

2 MLK JR. Dr. , S.E.

11th Floor

East Tower

Atlanta, Georgia 30334

www.gbp.georgia.gov

Please read the instructions carefully and be familiar with the **laws and rules** governing the practice of pharmacy in the State of Georgia. Visit the following web site for information:

www.gbp.georgia.gov

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

A LICENSE MUST BE IN AN “ACTIVE” STATUS BEFORE APPLYING FOR “INACTIVE” STATUS. IF YOUR LICENSE HAS “LAPSED,” AND YOU WANT TO APPLY FOR “INACTIVE” STATUS, YOU MUST FIRST APPLY FOR REINSTATEMENT. ONCE YOUR LICENSE HAS BEEN APPROVED FOR REINSTATEMENT, YOU CAN APPLY FOR “INACTIVE” STATUS.

Please review the following rule of the Georgia Board of Pharmacy:

480-3-.02 Inactive License.

(1) Pharmacists who wish to have their license placed on inactive status may do so by requesting such status in writing, with an explanation of the request, to the Board. Pharmacists requesting inactive status must have an active license in good standing which includes meeting the continuing education requirements as outlined in Board Policy.

(a) Pharmacists who wish to retain their license may apply for an inactive status as outlined in 480-3-.02(1). Pharmacists holding an inactive license may not practice pharmacy. An individual with an inactive license does not have to meet the continuing education requirements for subsequent renewal periods.

(2) Pharmacists who wish to reactivate their license must complete and submit the proper application and meet the requirements of the Board for reactivation as set forth in Board Policy.



Georgia Board of Pharmacy

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Atlanta, GA 30334

(404) 651-8000

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Application For Inactive Status

Name As It Appears On License: _____

License Number: _____

Social Security Number: _____ Date of Birth: _____

Physical Address: _____
Street City State Zip

Mailing Address (if different): _____
Street City State Zip

Telephone Number: _____ Alternate Telephone Number: _____

Email Address: _____

Explanation of Request for Inactive Status: _____

Affidavit: I hereby attest that I am currently the holder of a pharmacist license listed above and request that this license be placed on inactive status. While on inactive status, I will not in any way indicate or imply that I hold an active Georgia license or that I am practicing.

Date: _____ Signature of Licensee _____

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public _____

Notary Seal

My Commission Expires: _____