GEORGIA STATE BOARD OF PHARMACY

2 MLK Jr. Drive, SE, 11th Floor
East Tower
Atlanta, GA 30334

MILITARY SERVICEMEMBER / SPOUSE PHARMACIST APPLICATION

No Fee Required
Applications are valid for one year.

APPLICATION FOR LICENSURE IN GEORGIA UNDER SERVICEMEMBERS CIVIL RELIEF ACT (SCRA)

This application is for an individual seeking recognition of a pharmacist license under the **Servicemembers Civil Relief Act (SCRA), 50 U.S.C. § 4025a**, based upon the applicant's status as the spouse of a servicemember who has relocated to Georgia pursuant to military orders.

50 USC § 4025a specifically provides that:
[I]f a servicemember or the spouse of a servicemember has a covered license and relocates residence because such servicemember receives military orders for military service in a State other than the State of the licensing authority that issued the covered license, such covered license shall be considered valid for the scope of practice in the State of the new residence if such servicemember or spouse submits to the licensing authority of such State an application [as described herein].

Do not use this application for ordinary pharmacist licensure by examination or reciprocity unless specifically instructed by the Board.

To be considered under the SCRA military-spouse pathway, the applicant must provide documentation demonstrating eligibility under applicable federal law and Georgia requirements.

DOCUMENTS REQUIRED WITH THIS APPLICATION

- ☐ **Completed, signed, and notarized application**
- ☐ **Copy of the servicemember's military orders** showing the assignment/relocation to Georgia
- ☐ **Copy of marriage certificate (if the applicant is the spouse of a servicemember)** establishing the applicant's status as the servicemember's spouse
- ☐ **Verification of current pharmacist license** from the state or jurisdiction in which the applicant is licensed
- ☐ **Proof of present licensure in good standing** (this may be the same as your verification document if this status is shown thereupon)
- ☐ **Completed SCRA affidavit, signed and notarized**
- ☐ **Citizenship/qualified alien documentation**

Georgia State Board of Pharmacy

2 MLK Jr Drive SE, 11th Floor
East Tower
Atlanta, GA 30334
(404) 651-8000
www.gbp.georgia.gov

Do Not Write in this Section:

Applicant #: _____

Initials/Date: _____

MILITARY SPOUSE PHARMACIST APPLICATION

Application Fee: $0

Part I: Applicant Information

Legal Name: _____
(PLEASE PRINT) First Middle Last

Name as desired on License: _____
(PLEASE PRINT) First Middle Last

Previous names used for licensing or education:
(if different – please print) _____
First Middle Last

Please check one of the following: MALE: _____ FEMALE: _____

Social Security Number _____-_____-_____ **Date of Birth** _____

Physical Address _____
Number and Street Apt. No. City/State Zip (No PO Boxes)
(This address will appear on your public licensee page, unless a mailing address is provided)

Mailing Address _____
Number and Street Apt. No. City/State Zip (if different)

Email Address _____ **Telephone Number:** _____

Alternate Phone Number: _____ **Fax Number:** _____

If you are granted a license, your name, mailing address and license number become public information and will be posted on the Georgia State Board of Pharmacy's website. The mailing address is used for renewal notices, and application processing.
*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

*Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email will not be shared with third parties.

Part II: Military spouse and relocation information

1. Are you the spouse of a current United States Armed Forces service member? (____) Yes (____) No
2. Service Branch: (__) Army (__) Navy (__) Air Force (__) Marine Corps (__) Space Force (__) Coast Guard (__) Other
3. Service member status: (__) Active Duty (__) Reserve (__) National Guard (__) Recent Discharge from Service (__) Other
4. Military relocation destination in Georgia (city or installation) _____
5. Effective date of military orders or relocation _____
6. Is your presence in Georgia related to the service member's military orders? (__) Yes (__) No
7. Are you requesting review under applicable SCRA military spouse license portability provisions? (__) Yes (__) No

Part III: License Background

1. Do you currently hold an active pharmacist license in another United States jurisdiction? (____) Yes (____) No
2. Are you currently authorized to practice under that license? (____) Yes (____) No
3. State or jurisdiction of primary pharmacist license. _____
4. License number and expiration dated. _____
5. Original state of licensure by examination. _____
6. Other states or jurisdictions you are currently or previously licensed, with numbers and status:

_____ _____ _____

_____ _____ _____

Part IV: Professional standing and disclosure (**Attach a detailed explanation for any Yes answer**)

1. Has any professional license been denied, restricted, suspended, revoked, surrendered, or disciplined? (____) Yes (____) No
2. Is any professional licensing investigation or proceeding currently pending? (____) Yes (____) No
3. Are there any restrictions that may affect your ability to practice pharmacy safely? (____) Yes (____) No

AFFIDAVIT OF APPLICANT

I hereby swear or affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Pharmacy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

☐ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 7 & 8 of this application.

☐ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Pharmacy and/or criminal prosecution.

_____ _____

Signature of Applicant Date

_____

Print Applicant's Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____who deposes and swears that he/she is the person who executed this

(Applicant's Name)

application for a license by examination for Pharmacy in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 2_____

_____

Notary Public Signature

_____ _____ (Seal)

County State

My Commission Expires: _____

GEORGIA STATE BOARD OF PHARMACY
MILITARY SERVICEMEMBER / SPOUSE PHARMACIST AFFIDAVIT
Pursuant to 50 U.S.C. § 4025a(c)(3)

I, _____, hereby affirm the following statements under oath and under penalty of law:

APPLICANT IDENTIFICATION

Full Legal Name: _____

Date of Birth: _____ **Social Security Number:** _____

Georgia Address: _____

City: _____ **State:** Georgia **ZIP:** _____

Current Pharmacist License State/Jurisdiction: _____

Current Pharmacist License No.: _____

AFFIRMATIONS

I affirm that:

1. Applicant Identification: I am the person described and identified in the application submitted to the Georgia State Board of Pharmacy.

2. Truthfulness and Completeness: All statements made by me in the application and all information and documentation submitted in support of the application are **true, correct, and complete** to the best of my knowledge and belief.

3. Understanding of Georgia Requirements: I have read and understand the requirements to receive authorization to practice pharmacy in the State of Georgia and the scope of pharmacy practice applicable in Georgia.

4. Compliance with Georgia Requirements: I certify that I meet and shall comply with the applicable requirements and scope-of-practice requirements of the State of Georgia.

5. Good Standing: I am in good standing in **all states and jurisdictions in which I hold or have held a professional license**, except as specifically disclosed in my application and supporting documentation.

6. Military-Spouse Status: I am the spouse of the servicemember identified in my application, and my relocation to Georgia is because the servicemember received military orders for military service in Georgia.

APPLICANT CERTIFICATION

I understand that this affidavit is being submitted to the Georgia State Board of Pharmacy pursuant to **50 U.S.C. § 4025a(c)(3)** in connection with my request for recognition of my covered pharmacist license in Georgia.

I understand that I am subject to the laws, rules, regulations, standards of practice, disciplinary requirements, and applicable continuing-education requirements governing the practice of pharmacy in Georgia to the extent applicable under federal law.

I certify under penalty of law that the statements contained in this affidavit are true, correct, and complete.

Applicant Signature: _____

Printed Name: _____

Date: _____ **Telephone Number :** _____

Email: _____

NOTARY ACKNOWLEDGMENT

State of _____County of _____

Personally appeared before me, _____, who, being duly sworn, acknowledged that he/she/they executed the foregoing affidavit and that the statements contained therein are true and correct to the best of his/her/their knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 2 _____

_____
Notary Public Signature

_____ _____ (Seal)
County State

My Commission Expires: _____

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION. ONLY ONE DOCUMENT REQUIRED, DO NOT SEND YOUR ORIGINAL.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued February 20, 2018, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA"), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2][1]
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired tribal identification card of a federally recognized Native American . tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be accessed at: https://www.bia.gov/tribal-leaders-directory [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under

[1] For identification presented to poll workers when voting, a registered Georgia voter may present an expired Georgia driver's license as proof of identification when voting pursuant to O.C.G.A. § 21-2-417.

federal immigration law[2] [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- When applying for any public benefit with the Department of Driver Services, an applicant may submit either an expired or unexpired document that is listed above as a secure and verifiable document. [O.C.G.A. §§ 50-36-1(g) & 50-36-2(b)(3)]
- When applying for a voter identification card pursuant to O.C.G.A. § 21-2-417.1, an individual may submit the aggregate forms of identification authorized by O.C.G.A. § 21-2-417.1(e).
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

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[2] Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.