

GEORGIA BOARD OF PHARMACY



ANNUAL AFFILIATE DISCLOSURE STATEMENT

O.C.G.A. § 26-4-119 requires any licensed pharmacy or non-resident pharmacy to file an annual disclosure statement identifying all affiliates.

O.C.G.A. § 26-4-119 (c) defines an affiliate as a person licensed under Title 33 which:

- Has an investment or ownership interest in a pharmacy licensed in or holding a nonresident pharmacy permit in Georgia;
 - Shares common ownership with a pharmacy licensed in or holding a nonresident pharmacy permit in Georgia; or
- Has as an investor or ownership interest holder a pharmacy licensed in or holding a nonresident pharmacy permit in Georgia.

DUE DATE: JUNE 30TH ANNUALLY

Email to: pharmacyboard@dch.ga.gov

Pharmacy/Non-Resident Pharmacy License: _____

Name: _____

Affiliate(s):

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Submitted by Name: _____

Print

Signature _____

Telephone No.: _____

Date submitted: _____

Please submit any additional affiliates on a separate disclosure form.