



# Georgia Board of Pharmacy

2 Peachtree Street, N.W., 6th Floor  
Atlanta, GA 30303

(404) 651-8000

www.gbp.georgia.gov

Do Not Write in this Section:

Receipt#: \_\_\_\_\_

Amount: \_\_\_\_\_

Applicant#: \_\_\_\_\_

Initials/Date: \_\_\_\_\_

## APPLICATION FOR PHARMACIST CERTIFICATION OF DRUG THERAPY MODIFICATION PROTOCOL Application Fee \$200.00 (Non-Refundable) *Applications are valid for one year*

1) Name: \_\_\_\_\_ 2) GA Pharmacist No. \_\_\_\_\_

3) Mailing Address: \_\_\_\_\_

4) City: \_\_\_\_\_ 5) State: \_\_\_\_\_ 6) Zip: \_\_\_\_\_

7) Contact Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ 8) Email: \_\_\_\_\_

9) Pharmacy Practice Site Name: \_\_\_\_\_

10) Practice Site GA Board of Pharmacy Permit No. \_\_\_\_\_ 11) Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

12) Pharmacy Practice Site Address: \_\_\_\_\_

13) Pharmacy City: \_\_\_\_\_ 14) State: \_\_\_\_\_ 15) Zip: \_\_\_\_\_

16) Name of Supervising Physician: \_\_\_\_\_

17) Physician's GA Medical Board License No. \_\_\_\_\_ 18) Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

19) Physician's Office Address: \_\_\_\_\_

20) Physician's City: \_\_\_\_\_ 21) State: \_\_\_\_\_ 22) Zip: \_\_\_\_\_

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23) Board of Pharmacy application fee for \$200.00 Attached: Yes: \_\_\_\_ No: \_\_\_\_

24) Please attach to this form evidence of completion of a course of study, approved by the Board, related drug therapy modification. Attached: Yes: \_\_\_\_ No: \_\_\_\_

25) Please attach to this form evidence of 0.3 continuing education units (CEUs) or 3.0 contact hours in an area related to drug therapy modification. (Such CEUs must be obtained during the 12 months prior to submitting the application.) Attached: Yes: \_\_\_\_ No: \_\_\_\_

26) Please attach to this form a copy of the proposed protocol, signed by the supervising physician. Attached: Yes: \_\_\_\_ No: \_\_\_\_

- 27) Have you ever had your license revoked, suspended, or otherwise sanctioned by any Board or agency in Georgia or any other state?  
Yes: \_\_\_ No: \_\_\_ (If Yes, please attach copies of official documents of any and all such sanctions to this form.)
- 28) Have you ever been arrested, convicted, or entered a plea of guilty, Nolo Contendere, or been sentenced under the "First Offender Act" for any felony, misdemeanor or any offense other than a minor traffic violation? DWI and DUI's are not considered minor traffic violations.  
Yes: \_\_\_ No: \_\_\_ (If Yes, please attach copies of official documents related to any and all such violations to this form.)
- 29) Have you ever been denied issuance of , or pursuant to disciplinary proceedings, refused renewal of a license by any Board or agency in Georgia or any other state?  
Yes: \_\_\_ No: \_\_\_ (If Yes, please attach an explanation to this form.)
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Sworn to and subscribed I hereby swear the above information is true, and I before me this \_\_\_\_\_ day authorize the Board or its designee to conduct of \_\_\_\_\_, 20\_\_\_\_ any background investigation felt necessary to verify the above information.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Pharmacist Signature

Date commission expires:  
(Seal)

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Once completed, please mail this form and any attachments to:

**GEORGIA BOARD OF PHARMACY**  
2 Peachtree Street, N.W.  
6<sup>th</sup> Floor  
Atlanta, Georgia 30303

**AFFIDAVIT OF APPLICANT**

I hereby swear and 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:

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 4 & 5 of this application.

2) \_\_\_\_\_ 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 \_\_\_\_\_  
County State

My Commission Expires \_\_\_\_\_

(seal)

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.  
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

\_\_\_\_\_  
**Name**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) 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(f). 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.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A 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]

\_\_\_\_\_ An 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]

\_\_\_\_\_ A 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 found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>  
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A 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]

\_\_\_\_\_A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A 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]

\_\_\_\_\_A 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]

\_\_\_\_\_A 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]

\_\_\_\_\_A 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]

\_\_\_\_\_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)]