



Georgia 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:

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) Name of Supervising Physician: _____

10) Physician's GA Medical Board License No. _____ 11) Telephone (____) ____ - ____

12) Physician's Office Address: _____

13) Physician's City: _____ (14) State: _____ (15) Zip: _____

16) Do you practice anywhere other than the location identified in items numbered 12-15? Yes: ___ No: ___
If yes, please repeat items numbered 12, 13, 14, and 15 as necessary on a separate sheet. This sheet must be attached to your application.

17) Board of Pharmacy application fee for \$200.00 Attached: Yes: ___ No: ___

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

19) 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: ___

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

21) 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.)

22) 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.)

23) 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.)

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)

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

GEORGIA BOARD OF PHARMACY

2 MLK Jr. Drive, SE, 11th Floor

East Tower

Atlanta, GA 30334

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)]

