

**GEORGIA BOARD OF PHARMACY**  
**2 Peachtree Street, N.W., 6<sup>th</sup> Floor**  
**Atlanta, GA30303**  
**(404) 651-8000**

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Pharmacy in the State of Georgia. Visit our website for information: [www.gbp.georgia.gov](http://www.gbp.georgia.gov).

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**INFORMATION SHEET FOR FILING AN APPLICATION FOR A FACILITY LICENSE**

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- The **required non-refundable application fee** must accompany the completed application. The fee for checks returned due to non-sufficient funds is \$30.00
- **SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE** – Do not staple pages or check/money order. Do not fold pages of the application.
- **Allow a minimum of 25 days for the processing of the application.**
- Any documents submitted as an attachment to the application must also be signed by the owner, partner, or one of the executive officers of the corporation and notarized.
- The Board staff cannot provide legal advice, interpretations of the laws and rules, and cannot advise you as to which type of license your business should apply for; you will need to seek private legal counsel to assist you regarding these matters.
- Please refer to Georgia law and Board rules regarding the requirements for the license type for which you are applying. These may be found on the Board's website at [www.gbp.georgia.gov](http://www.gbp.georgia.gov).
- GDNA Agents, on behalf of the Board, may initially and/or periodically inspect a DME Supplier applicant's or licensee's office or place of business within this state.
- **All applications require completed affidavit of applicant and appropriate secure and verifiable documents.**
- **When completing the application be sure to enter the name and license number of the existing license that you currently hold regardless of the change that is being made.**



# 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 DURABLE MEDICAL EQUIPMENT SUPPLIERS FACILITY PERMIT

### APPLICATIONS ARE VALID FOR ONE YEAR

Application Fee: \$750.00. The check or money order should be addressed to the Georgia Board of Pharmacy. The fee for a name change is only \$100.00. The fee for checks returned due to insufficient funds is \$30.00. **Application fees are non-refundable.**

#### Purpose of Application:

- New Registration
- Change of Ownership (Same as Application Fee)
- Change in Location (Same as Application Fee)
- Change in Facility Name - \$100.00

Previous Name: \_\_\_\_\_

Current License Number: \_\_\_\_\_

- Reinstatement - \$350 + late renewal fee for each renewal period missed

Location of Facility:  IN Georgia  OUTSIDE Georgia (If Medicare-Enrolled Only)

#### Affiliation:

Name or title under which business is conducted: \_\_\_\_\_  
(Please list legal name and dba name) (include dba between the two)

Physical Address: \_\_\_\_\_  
(P.O. Box not acceptable) Number and Street Name City/State Zip County

Mailing Address: \_\_\_\_\_  
(If different) Number and Street Name City/State Zip County

Telephone Number (Day) \_\_\_\_\_ Employer Identification Number: \_\_\_\_\_

#### Give the name, address and title of contact person to whom the Board may contact regarding the application only:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 address will not be shared with any third party. The contact person listed above is the only person that Board staff is authorized to speak with in regard to this application.**

**Closing Date:** If filing a change of ownership application, on what date will the change of ownership be effective?

\_\_\_\_\_

**APPLICATION FOR DURABLE MEDICAL EQUIPMENT SUPPLIERS FACILITY PERMIT**

1. Type of Ownership: ( ) Individual ( ) Partnership ( ) Corporation ( ) Sole Proprietorship ( ) LLC

State of Incorporation (if applicable): \_\_\_\_\_

2. **Previous trade, corporate, or partnership names (if any) and addresses:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Names of Owners/Operators: (i) If a person, the name of the person; (ii) If a partnership, the name of each partner and the name of the partnership; (iii) If a corporation, the name and title of each corporate officer and director, the corporate names, and the name of the incorporation, and the name of the parent company, if any; or (iv) If a sole proprietorship, the full name of the sole proprietorship and the name of the business entity. If additional space is needed, use additional paper.

_____ (Name and Title)	_____ (Address)
_____ (Name and Title)	_____ (Address)
_____ (Name and Title)	_____ (Address)
_____ (Name and Title)	_____ (Address)
_____ (Name and Title)	_____ (Address)

4. Have any of the owners, partners of the firm, officers of the corporation, or designated representatives ever had a revoked, suspended, or otherwise sanctioned license issued by any board agency in Georgia or any other state?  
**( ) Yes ( ) No (If yes, please attach an explanation and certified copies of all documents and records.)**

5. 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 and certified copies of all documents and records.)**

6. Have any of the owners, partners of the firm, or officers of the corporation, or designated representatives ever been convicted of any crime under the laws of the United States, Georgia, or any other state pertaining to the manufacturing, distribution, sale or dispensing of drugs or narcotics? **( ) Yes ( ) No (If yes, please attach an explanation and certified copies of all documents and records.)**

7. Have any of the owners, partners of the firm, officers of the corporation, or designated representatives ever been convicted of a felony under the federal Food, Drug, and Cosmetic Act, any offense related to product tampering under federal or state law, or any state or federal felony related to the manufacturing, distribution, or sale of durable medical equipment? **( ) Yes ( ) No (If yes, please attach an explanation and certified copies of all documents and records.)**

8. Are you licensed in any state as a manufacturer or wholesaler/wholesale distributor? ( ) Yes ( ) No (If yes, please provide proof of valid license. If no, you DO NOT QUALIFY under the law for an out-of-state GA DME permit.

9. List the name of the state in which the facility is licensed to operate as a DME supplier in compliance with the laws and rules of the other state.

State: \_\_\_\_\_ License Number: \_\_\_\_\_

10. Provide proof of a valid, unexpired license, permit, or registration from the state in which the facility is licensed to operate as a DME supplier in compliance with the laws and rules of the other state.

11. Designated Representative for communication, or notice and citation matters: If the designated representative is a licensed pharmacist, provide the state(s) of licensure, license number(s), and license status(es) of said license(s)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

State(s) of Licensure: \_\_\_\_\_

License(s) #: \_\_\_\_\_

License Status(es): \_\_\_\_\_

The undersigned hereby swears, or affirms, that all statements made herein are true and correct, and that all the provisions of the law and regulations based thereon, will be faithfully observed during the period any permit issued may be in force and effect.

Firm Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

By: \_\_\_\_\_  
(State Whether Individual Owner, Partner or Officer of the Corporation)

Date: \_\_\_\_\_

Sworn and subscribed before me, this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Expiration Date of Commission/Seal

NOTARY SIGNATURE & SEAL REQUIRED

CERTIFICATION OF LICENSURE AS A  
Durable Medical Equipment Supplier

This certification form must be completed by the State Licensing Board for each State in which a license is held and returned to the applicant to submit with the Georgia State Board of Pharmacy licensing application. In lieu of this form, a state may issue a form of its own.

This is to certify that \_\_\_\_\_ was issued  
license number \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to operate as a durable medical equipment supplier in the  
State of \_\_\_\_\_.

This is to further certify that the above-named durable medical equipment supplier's license is current and in good standing and that there have never been any sanctions against the holder's license.

This, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Complete Name of Board)

**AFFIDAVIT OF APPLICANT**

I hereby swear and affirm that all information provided 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 8 and 9 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.

\_\_\_\_\_  
Print Applicant’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_ who deposes and swears that s/he is the person who executed this  
(Applicant’s Name)

request for a facility license, permit, or registration 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 \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

\_\_\_\_\_  
County

\_\_\_\_\_  
State

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

(Seal)

NOTARY SIGNATURE & SEAL REQUIRED

**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 October 28, 2016 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.

\_\_\_\_\_ 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]

\_\_\_\_\_ 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 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]

\_\_\_\_\_ 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. § 50-362(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 federal immigration law [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. § secure and 50-36-2(c)]



**AFFIDAVIT OF DESIGNATED REPRESENTATIVE**

I hereby swear and affirm that I have read and understand the current state laws, rules and regulations of the Georgia State Board of Pharmacy, and federal laws and regulations relating to the distribution of durable medical equipment and I agree to abide by these laws and rules and regulations, as amended from time to time. I further affirm that I have knowledge and understanding of quality control systems and of the United States Pharmacopeia of federal Food and Drugs Administration standards relating to the safe storage, handling, and transport of durable medical equipment and I agree to abide by these standards, as amended from time to time.

By signing this attestation, 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 8 & 9 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.

\_\_\_\_\_  
Print Designated Representative’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Designated Representative

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

\_\_\_\_\_ who deposes and swears that s/he is the person who executed this affidavit,  
(Designated Representative’s Name)

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 \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

\_\_\_\_\_  
County State

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

(Seal)

NOTARY SIGNATURE & SEAL REQUIRED

**DESIGNATED REPRESENTATIVE: 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 October 28, 2016 by the Office of the Attorney General, Georgia

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\_\_\_\_\_ 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]

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

**Georgia Drugs and Narcotics Agency**  
**254 Washington Street SW Suite G2000**  
**Atlanta, GA 30334**  
**404-656-5100 / 800-656-6568 / fax 404-651-8210**

**PERSONNEL CERTIFICATION FORM**

For All persons applying for a Georgia State Board of Pharmacy Durable Medical Equipment Supplier Facility

Instructions: **PLEASE RETURN ORIGINAL FORM TO ADDRESS LISTED ABOVE (Only Pages 12 & 13)**

Completion of this form is a necessary part of the applicant background investigation to be conducted by the Georgia Drugs and Narcotics Agency (GDNA) as part of the licensing approval process.

This form should be completed by each person named in the application as an owner of the firm, including the President/CEO, Vice President, and Secretary/Treasurer, and the individual who is the company's contact person for the Board and GDNA. For larger corporations with multiple divisions and officers, please limit the contact personnel to 5 individuals, including the President/CEO, Vice Presidents and/or others directly responsible for drug acquisition and distribution, and the responsible person for contact with the Board and GDNA.

When an application is filed for a change of ownership, each new officer (or responsible officer) must complete the form.

All information requested on this form is mandatory. Failure to provide any and all of the requested information will result in an incomplete background investigation and rejection of the application. This information will be used to determine your qualifications for registration and licensure under the Georgia Pharmacy Law. This information may be shared with other government agencies upon receipt of an official request.

**Applicant Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_

**Contact Telephone:** \_\_\_\_\_ **Contact Fax:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_

**Position with the Firm:** \_\_\_\_\_

**On the following questions, please check the appropriate Yes or No box for each of the following questions: (If the answer is Yes to Question 2, 3, or 4, you must attach a written explanation providing complete information to explain each Yes answer.)**

**Failure to provide an explanation will delay the application process**

**PERSONNEL CERTIFICATION FORM – Page 2**

**1) Licensure – (Must include present and previous, work and ownership history for at least 20 years)**

**YES      NO**

**a) Do you currently own, have owned in the past, work or worked for, any type of licensed /permitted pharmacy, Durable Medical Equipment Supplier Facility, drug wholesaler, manufacturer or reverse distributor?**

\_\_\_\_\_

If Yes to a), please list the name of the firm, complete address, and date(s) of ownership and/or employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b) Are you currently, or have ever been, licensed as a DME Supplier?**

\_\_\_\_\_

If Yes to b), please list the state(s) where licensed and the license number(s)

\_\_\_\_\_  
\_\_\_\_\_

**2) Have you ever had, or been associated with, a personal or firms professional license That has been denied, suspended, revoked, or sanctioned taken by this or any other state or federal governmental authority?**

\_\_\_\_\_

**3) Have you ever been arrested for, convicted of, or pled *NoLo* to any violation of any law of a foreign country, the United States, or any state law, including those set aside under The First Offender’s Act? Please do not include minor traffic offenses.**

\_\_\_\_\_

**4) Have you ever owned or been associated with any firm has been indicted, convicted of, or pled *NoLo* to any violation of any law of a foreign country, the United States, or any state law, including those set aside under The First Offender’s Act?**

\_\_\_\_\_

**5) What are your responsibilities with this firm – present and past?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury of the applicable laws of the United States and the State of Georgia Department of Community Health to the truth and accuracy of all of the foregoing information, and further, I hereby authorize the Georgia Drugs and Narcotics Agency to receive any Criminal History Information and Driver History Information pertaining to me which may be in the files of any local, state, or federal criminal justice agency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

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

Notary Public

NOTARY SIGNATURE & SEAL REQUIRED