

GEORGIA BOARD OF PHARMACY

2 MLK Jr. Drive, SE, 11th Floor

East Tower

Atlanta, GA 30334

(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.

INFORMATON SHEET FOR FILING AN APPLICATON FOR NON-RESIDENT PHARMACY PERMIT

- 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 TO THE ADDRESS ON THE APPLICATON** – Do not staple pages or check/money order.
 - Do not fold pages of the application.
- **Allow a minimum of 60 business days for the processing of the application.**
- 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 permit type for which you are applying. These may be found on the Board's website at: www.gbp.georgia.gov.
- A GDNA inspection is not required for out-of-state facilities. However, if dispensing sterile or non-sterile compounding for practitioners to use in patient care in the practitioner's office, you **must** provide a copy of the most recent inspection report that is no older than two (2) years before the date of application was submitted and which is from an inspection conducted by the regulatory or licensing agencies of the jurisdiction in which the applicant is located that indicates compliance with Georgia law and the Board's rules and regulations and compliance with USP-NF standards for pharmacies performing sterile and non-sterile compounding, or another inspection approved by or conducted by the Board. GDNA will process the personnel certification forms that non-resident pharmacies submit with their applications.
- Please submit verification of valid and unexpired licensure to operate a pharmacy in compliance with the laws and rules of each state in which the applicant receives and dispenses prescription drug orders.
- Please submit verification of valid and unexpired pharmacist licensure of the pharmacist(s)-in-charge in the state of his/her/their location.
- **All applications require completed affidavit of citizenship and appropriate secure and verifiable documents – this must be on the person that signs the application.**
- **3PLs:** The Georgia Board of Pharmacy does not license, register, or permit **out-of-state** 3PLs.

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 State Board of Pharmacy



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APPLICATION FOR NON-RESIDENT PHARMACY PERMIT

Do Not Write in this Section:

Receipt#: _____

Amount: _____

Applicant#: _____

Initials/Date: _____

APPLICATIONS ARE VALID FOR ONE YEAR.

Application Fee: \$1000.00. The check or money order should be addressed to the Georgia State 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 (\$1000.00)
- Change in Location (\$1000.00)
- Change in Facility Name – ONLY (\$100.00)
- Reinstatement - \$350 + late renewal fee for each renewal period missed

_____ Check here to request to keep your facility's current license number after changing location/ownership. If you leave this response blank, your facility will be issued a new license number.

Current License Number: _____

Previous trade, corporate, or partnership names (if any) and addresses: _____

Name or title under which business is conducted: _____
(Please list legal name and d.b.a. name)

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

Mailing Address: _____
(If different) Number and Street City/State Zip County

Telephone # (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.**

Please list the date the Change of Name, Change of Location, or Change of Ownership Will Be Effective:

APPLICATION FOR NON-RESIDENT PHARMACY PERMIT

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

State of Incorporation (if applicable): _____

Name of Registered Agent: _____

Address of Registered Agent: _____

Telephone # of Registered Agent: _____

2. 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)

3. Name of the pharmacist-in-charge (PIC) (or of each PIC, if the facility is permitted to have more than one under the laws of the state in which it is located) of the facility involved in dispensing drugs to residents of this state and evidence that the pharmacist(s) are licensed and in good standing in the state in which they are located (attach additional sheets, if necessary):

PIC Name: _____ PIC License #: _____

4. Has the facility applying for permitting ever had a revoked, suspended, or otherwise sanctioned license issued by any board or agency in Georgia or any other state? () Yes () No (If yes, please attach an explanation and copies of all documents and records.)

5. Has the facility applying for permitting 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 copies of all documents and records.)

6. Have any of the owners, partners of the firm, or officers of the corporation 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 copies of all documents and records.)

7. List the name of the home state in which the pharmacy is licensed and the license, registration, or permit number.
State: _____ License Number: _____

8. Provide proof of a valid, unexpired license, permit, or registration from the home state in which the pharmacy is licensed. Proof can be provided through an official license verification from the regulatory agency or licensing board of the state in which the pharmacy resides.

9. Provide proof of a valid, unexpired pharmacist license for the pharmacist(s)-in-charge from the state in which the pharmacist(s)-in-charge resides. Proof can be provided through an official license verification from the regulatory agency or licensing board of the state in which the pharmacist(s)-in-charge resides.

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: _____

Print Applicant's Name: _____

Applicant's Signature: _____

By: _____
(State whether individual Owner, Partner or Officer of the corporation)

Date: _____

NOTARY

Sworn and subscribed before me, this

_____ day of _____, _____

(Notary Signature)

Notary Public/Expiration Date/Seal

NOTARY SIGNATURE & SEAL REQUIRED

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 6, 7, and 8 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)

(Applicant’s Signature)

(Date)

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 non-resident pharmacy permit 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:

(SEAL)

Notary Public Signature _____

My Commission Expires: _____

NOTARY SIGNATURE & SEAL REQUIRED

July 22, 2025

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]

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.

- 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 federal immigration law² [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]

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.

- 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)]



Georgia Drugs and Narcotics Agency

254 Washington Street SW Ste G2000

Atlanta, GA 30334

404-656-5100 / 800-656-6568 / email: GDNA.OFFICE@GDNA.GA.GOV

PERSONNEL CERTIFICATION FORM

Instructions: This form may be signed in ink or electronically. It must be returned by **EMAIL** to **GDNA.OFFICE@GDNA.GA.GOV**.

This form is part of the background investigation conducted by the Georgia Drugs and Narcotics Agency (GDNA) for applicants on behalf of the Georgia State Board of Pharmacy. It must be completed by the pharmacist in charge of pharmacies. In addition to the pharmacist in charge, this form must also be completed by at least one other representative of the company. This representative must include a sole owner, majority owner, partner, president, or officer of the company. The primary individual in charge must complete this form for a researcher license.

Failure to provide all the requested information will result in an incomplete background investigation. This information may be shared with other government agencies upon receipt of an official request.

Legal and dba Name of the facility listed on the application					
Applicant name					
Date of birth		Position/Title			
Home address					
Phone		Email			
City		State		Zip	

1) Please attach a **resume, CV, or complete work history for the last five (5) years**. For pharmacists, this must include a list of all current and previous pharmacist licenses with the corresponding license numbers and expiration dates.

2) In the last five (5) years, have you had a professional license denied, suspended, revoked, or sanctioned by any local, state, or federal governmental authority? If yes, please attach an explanation. Yes No

3) In the last five (5) years, have you been employed by, been an officer/partner of, or held ownership in a business where the professional license was denied, suspended, revoked, or sanctioned by any local, state, or federal governmental authority? If yes, please attach an explanation. Yes No

4) In the last five (5) years, have you been convicted of a **misdemeanor** for a violation involving the practice of pharmacy, or the unlawful possession, distribution, or dispensing of controlled substances, prescription medication, or prescription/OTC devices by any local, state, or federal governmental authority? If yes, please attach an explanation, including court documents. Yes No

5) Have you **ever** been convicted of a **felony** for violating **any law** of a foreign country, the United States, or any state law, including those set aside under The First Offender's Act? If yes, please attach an explanation, including court documents. Yes No

6) In the last two (2) years, has this facility been inspected by the FDA, the DEA, NABP, or a state governmental authority, excluding GDNA? If yes, please **attach a copy of all inspections, including compounding inspections**, conducted in the last two years. If deficiencies were noted, **submit a corrective action plan** that was implemented to address each deficiency. Self-surveys/inspections are not acceptable. Yes No

I certify the information provided is true and accurate. I understand if false, inaccurate, or misleading information is provided in this document, the Georgia State Board of Pharmacy (Board) may suspend, revoke, fine, or sanction any licensee or deny the application associated with the affiant.

Signature: _____ Date: _____