GEORGIA BOARD OF PHARMACY

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

(404) 651-8000

(Fax) 470-386-6137

ORDER FORM

for

DUPLICATE LICENSE CARDS AND LICENSE VERIFICATIONS

To request a duplicate license card or a license verification, please complete the following form and enclose a check or money order in the amount of **$25.00** made payable to the Georgia Board of Pharmacy and mail to the address listed above.

Request for: ☐ Duplicate Pocket-License Card ☐ License Verification

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Profession:

Pharmacist
Retail Pharmacy
Retail/PBM
Outpatient Clinic
Wholesaler
Manufacturer
Non-Resident Pharmacy
Durable Medical Equipment Provider

Nuclear Pharmacist
Hospital Pharmacy
Researcher Pharmacy
Prison Pharmacy
Third-Party Logistics Provider
Remote Automated Medication System(RAMS)

Pharmacist Intern
Retail/Home Health
Opioid Treatment Center
School Pharmacy
Reverse Distributor
Nuclear
Limited Chemical Wholesale Distributor

License #: _____

Name of licensee or facility: _____
(Please print CLEARLY)

Address/Location: _____
(Street or PO Box)

_____
(City) (State) (Zip)

Phone #: (_____)_____

For Verification of license requests, please indicate where verification should be mailed if different from above:

_____
(Name or Agency Name)

_____
(Mailing Address) (City) (State) (Zip)

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