



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

**Do Not Write In This Section:**  
Receipt#: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Applicant #: \_\_\_\_\_  
Initials/Date: \_\_\_\_\_

**GEORGIA BOARD OF PHARMACY**

**Address:** 2 Peachtree Street, N.W., 6<sup>th</sup> Floor, Atlanta, GA 30303  
**Telephone #:** (404) 651-8000  
**Fax #:** (678) 717-6694  
**Website:** [www.gbp.georgia.gov](http://www.gbp.georgia.gov)

**APPLICATION FOR LICENSURE AS A NUCLEAR PHARMACIST**

**Application Fee is Non-Refundable**

**License Type:**

Nuclear Pharmacist

**Purpose of Application:**

New Registration - **\$200.00**

Reinstatement - **\$350.00 reinstatement fee plus \$450.00 late renewal fee for each renewal period not renewed**

Current License Number \_\_\_\_\_  
(Required)

**Method Obtained by:**

Applicant is applying for above referenced license by:

Application

1. Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

2. Have you ever had any restrictions as a Medicaid or Medicare provider?  Yes  No  
**If yes, please attach an explanation.**

3. Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are **not** minor traffic violations.)  Yes  No  
**If yes, please attach an explanation and have the official documents sent to the Board office.**

4. Have you ever had revoked or suspended or otherwise sanctioned any license issued by any board or agency in Georgia or in any other State?  Yes  No **If yes, please attach an explanation.**

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.

**APPLICANTS WHO HAVE BEEN ENGAGED IN THE PRACTICE OF NUCLEAR PHARMACY IN THE STATE OF GEORGIA PRIOR TO MARCH 18, 1983 MUST COMPLETE THE FOLLOWING QUESTIONS AND SUBMIT THE DOCUMENTS REQUESTED BELOW:**

\_\_\_\_\_  
(Names and addresses of nuclear pharmacies where employed prior to 3/18/1983)

**APPLICANTS WHO ARE APPLYING ON THE BASIS OF TRAINING AND/OR EDUCATION MUST SUBMIT THE REQUIRED DOCUMENTS LISTED BELOW:**

- (A) Must submit copy of certification as a nuclear pharmacist issued by the Board of Pharmaceutical Specialties of the American Pharmaceutical Association, or;
- (B) Submit a certification from an accredited School of Pharmacy as to completion of 200 contact hours of didactic instruction in nuclear pharmacy, and submit certifications as to one (1) of the following:
  - 1. Certification as to completion of a minimum of 500 hours of clinical nuclear pharmacy training under the direct supervision of a licensed nuclear pharmacist in a licensed nuclear pharmacy providing nuclear pharmacy service, or;
  - 2. Certification as to the completion of a certified nuclear pharmacy residency program, or;
  - 3. Certification as to the completion of a structured nuclear pharmacy training program of an accredited college of pharmacy.
  - 4. The application fee to accompany this application is \$200.00. Licenses will expire on December 31 of the even-numbered years.

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.

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

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

By: \_\_\_\_\_  
(State whether individual Owner, Partner or officer of the corporation)

Sworn and subscribed before me, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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

(Seal)

**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 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.

(Applicant’s Name)

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]

\_\_\_\_\_ 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]

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