

## **Georgia Board of Pharmacy**

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

(404) 651-8000 www.gbp.georgia.gov

Amount:Applicant#:	Do Not Write i	n this S	ection:	
Applicant#:	Receipt#:			_
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Initials/Date·				_
Illitials/ Date:	Initials/Date:			

## APPLICATION FOR LICENSURE AS A NUCLEAR PHARMACIST

## **Application Fee is Non-Refundable**

License Type: ( ) Nuclear Pharmacist	Purpose of Applica  ( ) New Registratio ( ) Reinstatement -		nt fee plus \$450.00 each renewal period
Current License Number(Required)	_		
Method Obtained by: Applicant is applying for above referenced I  ( ) Application	icense by:		
1. Name(Last)	(First)		(Middle)
Address(Street)			
(Street)	(City)	(State)	(Zip Code)
Mailing Address(Street)	(City)	(State)	(Zip Code)
·	(Oity)	(Glate)	(Zip Code)
Telephone #			
Date of BirthSoci	al Security Number_		
<ol> <li>Have you ever had any restrictions as a lifyes, please attach an explanation.</li> <li>Have you ever been arrested, convicted, offender status for the commission of a felo violation? (DWI &amp; DUI's are not minor traffifyes, please attach an explanation and</li> <li>Have you ever had revoked or suspende agency in Georgia or in any other State? (</li> </ol>	sentenced, pled guilt ny, misdemeanor, or ic violations.) ( ) Ye have the official do d or otherwise sanction	y to, pled nolo contendo any offense other than es ( ) No cuments sent to the B	er to, or given first a minor traffic oard office. If by any board or

	f or, pursuant to disciplinary proceedings, refused renewal of a a or any other State? ( ) Yes ( ) No If yes, please attach an
	AGED IN THE PRACTICE OF NUCLEAR PHARMACY IN THE CH 18, 1983 MUST COMPLETE THE FOLLOWING QUESTIONS ESTED BELOW:
(Names and addresses of nuclear pharma	acies where employed prior to 3/18/1983)
APPLICANTS WHO ARE APPLYING ON THE REQUIRED DOCUMENTS LISTED	I THE BASIS OF TRAINING AND/OR EDUCATION MUST SUBMIT BELOW:
(A) Must submit copy of certification as Specialties of the American Pharm	s a nuclear pharmacist issued by the Board of Pharmaceutical acceutical Association, or;
	edited School of Pharmacy as to completion of 200 contact hours of macy, and submit certifications as to one (1) of the following:
	f a minimum of 500 hours of clinical nuclear pharmacy training under sed nuclear pharmacist in a licensed nuclear pharmacy providing
2. Certification as to the completion	on of a certified nuclear pharmacy residency program, or;
<ol> <li>Certification as to the comp accredited college of pharmacy</li> </ol>	letion of a structured nuclear pharmacy training program of an
<ol> <li>The application fee to accompa of the even-numbered years.</li> </ol>	any this application is \$200.00. Licenses will expire on December 31
	ns that all statements made herein are true and correct, and that all based thereon will be faithfully observed during the period any permit
	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 (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

County

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

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

(seal)

State

## 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.21 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]

