

**GEORGIABOARD OF PHARMACY**  
A Division of the Georgia Department of Community Health  
2 Peachtree Street, N.W.  
6<sup>th</sup> Floor  
Atlanta, Georgia 30303

**PHARMACIST ONLINE APPLICATION SUPPLEMENT PACKET**

**The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application after you have submitted your online application.**

- **AFFIDAVIT OF APPLICATION INFORMATION:** You must swear or affirm that all of the information submitted with your application is true and correct to the best of your knowledge.
- **CITIZENSHIP/QUALIFIED ALIEN STATUS:** In accordance with O.C.G.A. §50-36-1, you must submit an affidavit regarding citizenship and a copy of a secure and verifiable document that appropriately reflect your citizenship status.
- **CONSENT FORM FOR BACKGROUND CHECK**
- **CERTIFICATE OF PHARMACY EDUCATION:** Verification of graduation
- **ALL APPLICANTS:** All candidates for the examination **must** have acquired 1500 hours of approved internship on file with our office **by the deadline date of all supporting documents.**
  - If your internship hours were obtained in another state, you must contact that State Board of Pharmacy and request that they certify your internship hours to Georgia.
- **FOREIGN GRADUATES:** You must also submit a Foreign Pharmacy Graduation Examination Committee (FPGEC) certificate. Foreign graduate intern hours must be from a pharmacy in the United States.
- **RECIPROCITY APPLICANTS:** Access the NAPLEX/MPJE Registration Bulletin at [www.nabp.net](http://www.nabp.net), which provides information regarding fees, exams, etc.
- **ALL APPLICANTS:** Current Georgia State Board of Pharmacy Laws & Rules and Candidate Information Bulletins are available at: [www.gbp.georgia.gov](http://www.gbp.georgia.gov).

**PLEASE NOTE:** You must submit your supplemental application packet by mail. When you submit this information by mail, you must use a 9x12 or larger envelope and should not fold or staple the pages.

When a license is approved, the licensee can print a pocket license card, free of charge, through the Georgia Board of Pharmacy website: [www.gbp.georgia.gov](http://www.gbp.georgia.gov).

Questions? Please call (404) 651-8000 at your convenience.

**AFFIDAVIT OF APPLICATION INFORMATION:**

I, being duly sworn upon oath, depose and say that the answers to the questions and statements made on my pharmacist application are true and correct to the best of my knowledge and belief. I affirm this with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license issued by the Georgia Board of Pharmacy.

I further state that I have read the current state laws and board rules and regulations of the Georgia Board of Pharmacy governing the practice of pharmacy in the State of Georgia. I swear or affirm that I understand these laws and rules. I agree to abide by these laws and rules. I also agree to abide by future laws and rules that may be established by the Georgia Board of Pharmacy. I understand that violation of the laws and rules governing the practice of pharmacy may result in disciplinary action being taken against me which may include suspension or revocation of my license as a pharmacist.

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

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

(seal) My commission expires: \_\_\_\_\_

**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\_\_\_\_\_

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, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIRA”) 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]
- \_\_\_\_\_ A 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]
- \_\_\_\_\_ A 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]
- \_\_\_\_\_ A 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)]

**PLEASE SUBMIT THIS FORM TO:**

**GEORGIA BOARD OF PHARMACY**  
**Department of Community Health**  
**2 Peachtree Street, N.W.**  
**6<sup>th</sup> Floor**  
**Atlanta, Georgia 30303**

**CONSENT FORM**

I hereby authorize the **GEORGIA STATE BOARD OF PHARMACY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I also give consent to the Georgia State Board of Pharmacy to perform periodic criminal background checks for the duration of my active licensure status with this state.

\_\_\_\_\_  
(Applicant's Full Name \_ Printed)

\_\_\_\_\_  
Physical Address (P.O. Boxes **NOT** Accepted)

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(MM/DD/YYYY)

Place of Birth (City/State): \_\_\_\_\_

Aliases or Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

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**CERTIFICATE OF PHARMACY EDUCATION AND IPPE/APPE HOURS**

It is hereby certified that \_\_\_\_\_ of \_\_\_\_\_  
Name of Applicant City & State

matriculated in \_\_\_\_\_ at \_\_\_\_\_  
Name of School

on \_\_\_\_\_, completed \_\_\_\_\_ IPPE/APPE intern hours,  
Dates

and received a diploma from \_\_\_\_\_ conferring a degree in Pharmacy on \_\_\_\_\_.  
Name of School Date

\_\_\_\_\_  
Signature of President, Secretary or Dean Date

(Seal of College)

**This page will not be accepted if signed and/or dated prior to your official date of graduation.**

# GEORGIA TEMPORARY PHARMACIST APPLICATION

FEE: \$50

**INSTRUCTIONS:** The Georgia Board of Pharmacy will issue a Temporary Pharmacist License to a pharmacist license applicant who meets the following conditions:

1. Produces satisfactory evidence of fulfilling the requirements for licensure, except the examination requirement, and evidence of an emergency situation justifying the temporary license; OR
2. Has been accepted for a pharmacy resident position and meets the examination requirement for licensure.

Temporary Pharmacist Applicant's Name:

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ SS#: \_\_\_\_\_

**For applicants who have met the conditions under Paragraph 1 above:**

Describe the emergency situation that justifies your application for a temporary license.

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

By submission of this application, I swear and attest that I meet all conditions for pharmacist licensure required by law and rule, except the examination requirement. I understand that a temporary pharmacist license shall expire at the end of the month following the third board meeting conducted after the issuance of such license and shall not be renewed.

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

(seal)

My commission expires: \_\_\_\_\_



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**For applicants who have met the conditions under Paragraph 2 above:**

By submission of this application, I swear and attest that I meet examination requirement for licensure and have been accepted for a pharmacy resident position. I understand that a temporary pharmacist license shall expire at the end of the month following the third board meeting conducted after the issuance of such license and shall not be renewed.

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

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

(seal) My commission expires: \_\_\_\_\_

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**VERIFICATION OF RESIDENCY** – This section must be completed and submitted in order to be considered for temporary pharmacist licensure. Please have this portion of the application completed by a representative of the employer where you have accepted a pharmacy residency.

This is to certify that \_\_\_\_\_ has accepted a pharmacy resident position at  
(name)

\_\_\_\_\_  
(name of institution and address)

beginning on \_\_\_\_\_ . Facility license number: \_\_\_\_\_  
(date)

Supervisor's Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

(seal) My commission expires: \_\_\_\_\_

**PLEASE MAIL THIS FORM TO:  
GEORGIA BOARD OF PHARMACY  
2 Peachtree Street, N.W., 6<sup>th</sup> Floor  
Atlanta, GA 30303**