GEORGIA BOARD OF PHARMACY
RE-EXAMINATION APPLICATION FOR PHARMACY PRACTICAL EXAM

Address: 2 Peachtree Street, N.W., 6th Floor, Atlanta, GA 30303
Telephone #: (404) 651-8000
Fax #: (470) 386-6137
Website: www.gbp.georgia.gov

Examination dates are available at http://gbp.georgia.gov/events

Examination deadlines are approximately four (4) weeks prior to the exam date in order to be considered. Please note timely submission does not guarantee exam seating at the next scheduled exam due to limited seating. An applicant needing to cancel or reschedule his/her appointment to take the practical examination must notify the Board of such in writing at least ten (10) days prior to his/her scheduled date. With proper notice, the Board will schedule an applicant one additional time; thereafter, an applicant will be required to submit a re-examination application and pay an additional fee. Candidates will be scheduled in the order in which their applications or requests for re-examination are received.

Instructions:

1. Fully complete this application. Type or print clearly.
2. Submit this form along with the $100 examination fee to the address above.

NAME:

LAST FIRST MIDDLE MAIDEN

SOCIAL SECURITY NUMBER DATE OF BIRTH:

(Required for identification, law enforcement, statistical and administrative purposes)

MAILING ADDRESS:

______________________________ Apt #
Address

______________________________
City State Zip

If you are granted a license, your name, mailing address and license number are public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

PHYSICAL ADDRESS:

______________________________
Physical Address (P.O. Box is not acceptable)

______________________________
City State Zip

09/17/2018
Telephone Number          Day Telephone Number          Email Address*

*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 will not be shared with third parties.

How many times have you previously taken the Georgia Practical examination? _____________
List the location(s) and date(s):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I attest that the information I have provided is true and accurate to the best of my knowledge.

_________________________________________  ________________________________
Signature of Applicant                      Date

09/17/2018