



<b>Do Not Write In This Section:</b>	
Receipt#:	_____
Amount:	_____
Applicant #:	_____
Initials/Date:	_____

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:

Address Apt #
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

\_\_\_\_\_  
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