



**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 REINSTATEMENT/REACTIVATION OF GEORGIA PHARMACY LICENSE**  
APPLICATIONS VALID FOR ONE (1) YEAR

Please submit your application in a 9 X 12 or larger envelope with pages unstapled and unfolded.  
The Reinstatement Fee is non-refundable  
The fee for checks returned due to non-sufficient funds is \$40.00.

**FEES:**

Reinstatement - \$300.00 renewal fee for each renewal period not renewed and \$350.00 reinstatement fee  
Reactivation - \$200.00 for each renewal period not renewed

**PLEASE CHECK ONE: I am applying for ( ) Reinstatement ( ) Reactivation**

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

2. Home Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

3. Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Number: \_\_\_\_\_ - \_\_\_\_\_

4. Email Address \_\_\_\_\_

Acknowledgement of your application will be sent by email. Also, 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 address will not be shared with any third party.

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Georgia Pharmacy License Number: \_\_\_\_\_

7. If you are now, or have ever been licensed to practice pharmacy in another state, you are required to have your license verified by that State Board of Pharmacy, sealed in an envelope, and sent with this application.)

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

8. On a separate sheet submit a C.V. indicating past work histories, going back to date of expiration.

9. Since the date of expiration, have you been practicing pharmacy?  
( ) Yes ( ) No

If you have practiced since your license lapsed, what were your dates of practice \_\_\_\_\_ ?

At what pharmacy was said practice? \_\_\_\_\_

10. Have you kept your Continuing Pharmaceutical Education hours current? ( ) Yes ( ) No  
(Attach **COPIES** of your most recently obtained 30 hours)

11. Have you ever been convicted of a misdemeanor or felony? ( ) Yes ( ) No  
(If yes, you must attach a copy of the court disposition sheet(s) and an explanation of the charge(s).)

12. If you hold or did hold a license in another state, please answer the following question: Have you ever had your license revoked or suspended, or otherwise sanctioned by any board or agency in another state?  
( ) Yes ( ) No ( ) N/A (If yes, you must attach a copy of the order and an explanation).

13. To your knowledge, are you the subject of an investigation by any licensing board or agency as of the date of this application? ( ) Yes ( ) No ( ) N/A (If yes, attach an explanation.)

14. Within the previous two (2) years, have you been dependent on alcohol or any other drug, or been treated for dependency on alcohol or any other drug? ( ) Yes ( ) No (If yes, attach explanation.)

15. Do you have any physical or mental condition(s) which renders you unable to practice pharmacy with reasonable skill and safety to patients? ( ) Yes ( ) No (If yes, attach explanation.)

I acknowledge and state that I have read the application instructions on the first page of this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with the Georgia State Board of Pharmacy Rules, Laws, and Practice Act.

I further acknowledge that if I have been out of practice for four (4) or more years, that I must comply with Board Policy #3(A), and that if my license was Administratively Revoked for failure to renew, I will have to comply with Board Policy #3(B) and/or Policy #4 and that I have read and understand the attached copies of these policies.

By signing this application, I certify that the foregoing information is true and correct to the best of my knowledge.

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

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

\_\_\_\_\_  
(Signature of Notary Public)

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

(Notary 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 8 & 9 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  
(Applicant’s Name)

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.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Notary Public Signature \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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

(seal)

**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

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

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

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

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

**STATE LICENSURE CERTIFICATION**

**TO THE APPLICANT:** *Please complete the top section of this form and mail to each state in which you are now or have been licensed to practice pharmacy. This form may be reproduced as necessary.*

**TO:** \_\_\_\_\_ **Board of Pharmacy**

I am applying for licensure and the Georgia Board requires that your Board complete this form in order that my application for licensure/reinstatement may be considered. By signing this form, I am giving my consent to the release of any information, favorable or otherwise, for its review in considering me for licensure.

My license Number \_\_\_\_\_ was issued by your Board on \_\_\_\_\_ on the basis of ( ) State Board Exam, ( ) Reciprocity/Endorsement, ( ) National Board, ( ) Credentials, ( ) other \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Full Name (print or type) Address

\_\_\_\_\_  
Signature City State Zip

***\*This section to be completed by an official of the above referenced licensing board.\****

**Please return this form directly to the applicant in a sealed envelope.**

Pharmacist License number \_\_\_\_\_ to practice pharmacy in the State of \_\_\_\_\_  
\_\_\_\_\_ was issued on \_\_\_\_\_ to \_\_\_\_\_ Licensee

Is license current and in good standing? ( ) Yes ( ) No\*

Has any disciplinary action ever been taken against this license? ( ) Yes\* ( ) No

**\*Please provide complete details, including copies of any documents.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title (BOARD SEAL)

\_\_\_\_\_  
Licensing Board

## Policy #3A

### **Guidelines for Reinstatement/Reactivation of Pharmacists' Licenses who have NOT been actively practicing pharmacy for the past four (4) years or longer.**

(This pertains to a pharmacist whose license is on "Inactive" status or administratively lapsed due to non-renewal, voluntarily surrendered or suspended for disciplinary reasons.)

The applicant must complete the following:

1. All applicants must submit the completed application to the Board's office for reinstatement/reactivation.
2. Re-take and achieve a passing score on the Jurisprudence Examination (MPJE)
3. Complete and submit proof of 30 hours of Pharmaceutical Continuing Education.
4. Pay all back renewal and/or penalty fees.

Once the above conditions have been met, the Board staff will forward the file to the AG's office for issuance of a consent order requiring:

1. Applicants who have been out of practice between four (4) or more years will be required to work under direct supervision in an "Intern-like" setting as follows:

4 years – 1000 hours	10 years – 1600 hours
5 years – 1100 hours	11 years – 1700 hours
6 years – 1200 hours	12 years – 1800 hours
7 years – 1300 hours	13 years – 1900 hours
8 years – 1400 hours	14 or more years – 2,000 hours
9 years – 1500 hours	

When working in this "Intern-like" setting, an applicant can work a minimum of twenty (20) hours and a maximum of fifty (50) hours per week. At the completion of this practice, the supervisor must provide an affidavit attesting to the applicants' level of competency.

2. Once the hours are completed, all applicants must take and pass the Georgia practical examination.
3. Applicants may choose to complete 1000 hours in an "intern-like" setting and retake and pass the NAPLEX in lieu of working the total number of hours required above.

In its discretion, the Board MAY require one or all of the following: Applicants who have been out of practice for over ten (10) years may be required to re-take and achieve a passing score on the NAPLEX.

1. Submit further evidence of competency or stipulations as may be determined by the Board.
2. Inclusion in the CE audit pool for the upcoming renewal cycle.
3. Board may request to meet with licensee prior to license being reinstated.

## Policy #3B

### **Guidelines for Reinstatement/Reactivation of Pharmacists' Licenses who HAVE been actively practicing pharmacy during the past four (4) years.**

(This could pertain to a pharmacist whose license is on "Inactive" status, or a pharmacist whose license was administratively lapsed due to non-renewal, voluntarily surrendered or suspended for disciplinary reasons.)

1. Applicants must submit a written request to the Board's office for reinstatement/reactivation.
2. Pay all back renewal and/or penalty fees.
3. Complete and submit proof of 30 hours of Pharmaceutical Continuing Education obtained during the past two (2) years.
4. Submit a Curriculum Vitae (C.V.) indicating past work activities, going back to date of expiration.
5. If licensed in another state, have verification of license forwarded to the Georgia State Board of Pharmacy's office.

If the license was administratively lapsed due to non-renewal the board, in its discretion may also require one or all of the following:

1. Inclusion in the CE audit pool for the upcoming renewal cycle.
2. Board may request to meet with licensee prior to license being reinstated.

**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]
- \_\_\_\_\_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)]