



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

**2 PEACHTREE STREET NW
6TH FLOOR**

**ATLANTA, GEORGIA
30303**

Phone: (404) 651-8000

Fax: (770) 344-5727

DOCUMENT SUBMISSION COVER SHEET

Please use this form as a cover sheet for submitting your document(s) for your initial application or for renewal of your professional license, permit or registration. You may fax your document(s) along with this cover sheet directly to the Board office at (770) 344-5727. You may mail your document(s) along with this cover sheet to the Board office at the address listed above, or you may email them to pharmacyboard@dch.ga.gov as appropriate. Be sure the document(s) you are faxing are legible. Failure to provide legible documents will delay your application for licensure or license renewal.

Print Name: _____

Print Complete Professional License No. : _____ **if renewing your license.**

(Examples: RPH012345, DH012345, PHRE012345, or DN12345)

If applying for a new license, permit, or registration, print type of license, permit, or registration that you are applying for here: _____