

GEORGIA BOARD OF PHARMACY

2 Peachtree Street, N.W., 6th Floor

Atlanta, GA 30303

(404) 651-8000

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Pharmacy in the State of Georgia. Visit our website for information: www.gbp.georgia.gov.

INFORMATON SHEET FOR FILING AN APPLICATON FOR PHARMACY LICENSE

- The **required non-refundable application fee** must accompany the completed application. The fee for checks returned due to non-sufficient funds is \$30.00.
- **SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE** – Do not staple pages or check/money order. Do no fold pages of the application.
- **Allow a minimum of 25 days for the processing of the application.**
- Any documents submitted as an attachment to the application must also be signed by the owner, partner, or one of the executive officers of the corporation and notarized.
- The Board staff cannot provide legal advice, interpretations of the laws and rules, and cannot advise you as to which type of license your business should apply for; you will need to seek private legal counsel to assist you regarding these matters.
- Please refer to Georgia law and Board rules regarding the requirements for the license type for which are applying. These may be found on the Board's website at: www.gbp.georgia.gov.
- A GDNA inspection is not required for out of state facilities. However, if dispensing sterile or nonsterile compounding for practitioners to use in patient care in the practitioner's office, you must provide a copy of the most recent inspection report that is no older than two (2) years before the date of application was submitted and which is from an inspection conducted by the regulatory or licensing agencies of the jurisdiction in which the applicant is located that indicates compliance with the Board's rules and regulations and compliance with USP-NF standards for pharmacies performing sterile and nonsterile compounding, or another inspection approved by or conducted by the Board. GDNA will process the personnel certification forms that non-resident pharmacies submit with their applications.
- **All applications require completed affidavit of applicant and appropriate secure and verifiable documents.**

Please note: If more than one change is made to a license a new license number will be issued.



Do Not Write In This
Receipt#:
Amount:
Applicant #:
Initials/Date:

GEORGIA BOARD OF PHARMACY

Address: 2 Peachtree Street, N.W., 6th Floor, Atlanta GA 30303
Telephone #: (404) 651-8000
Fax #: (678) 717-6694
Website: www.gbp.georgia.gov

APPLICATION FOR NON-RESIDENT PHARMACY PERMIT

APPLICATIONS ARE VALID FOR ONE YEAR

Application Fee: \$1,000.00. The check or money order should be addressed to the Georgia Board of Pharmacy. The fee for a name change is only \$100.00. The fee for checks returned due to insufficient funds is \$30.00. Application fees are non-refundable.

Purpose of Application:

- () New Registration
() Change of Ownership
() Change in Location
() Change in Facility Name - \$100.00
() Reinstatement - \$350 + late renewal fee for each renewal period missed

Previous name: _____

Current License Number: _____

Affiliation:

Name or title under which business is conducted: _____
(Please list legal name and dba name)

Physical Address: _____
(P. O. Box not acceptable) Number and Street City/State Zip County

Mailing Address: _____
(If different) Number and Street City/State Zip County

Employer Identification Number: _____
Telephone Number (Day) _____

Email Address: _____

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficiency way for Board staff to contact you so that your application can be processed in the most efficiency manner.

Your email address will not be shared with any third party.

Previous trade, corporate, or partnership names (if any) and addresses:

APPLICATION FOR NON-RESIDENT PHARMACY PERMIT

1. Type of Ownership: () Individual () Partnership () Corporation () Sole Proprietorship

State of Incorporation (if applicable): _____

Registered Agent:
Name: _____

Address: _____

Telephone Number: _____

2. Names of Owners/Operators: (i) If a person, the name of the person; (ii) If a partnership, the name of each partner and the name of the partnership; (iii) If a corporation, the name and title of each corporate officer and director, the corporate names, and the name of the incorporation, and the name of the parent company, if any; or (iv) If a sole proprietorship, the full name of the sole proprietorship and the name of the business entity. If additional space is needed, use additional paper.

(Name and Title) (Address)

3. Address, telephone numbers, and the names of contact persons for each facility used by the applicant for the records, storage, handling, and distribution of prescription drugs into this state. If additional space is needed, use additional paper.

Name: _____ Title: _____

Address: _____

Phone#: (____) _____ - _____

Name: _____ Title: _____

Address: _____

Phone#: (____) _____ - _____

4. Names of pharmacist(s)-in-charge of each facility involved in dispensing drugs to residents of this state and evidence that the pharmacist(s) are licensed and in good standing in the state where they are located (attach additional sheets, if necessary):

(Name) (License #) (Name) (License #)

5. Has the licensed facility applying for licensure ever had a revoked, suspended, or otherwise sanctioned license issued by any board or agency in Georgia or any other state? () Yes () No (If yes, please attach an explanation and copies of all documents and records.)

6. Has the licensed facility applying for licensure ever been denied issuance of, or pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? () Yes () No (If yes, please attach an explanation and copies of all documents and records.)

7. Have any of the owners, partners of the firm, or officers of the corporation ever been convicted of any crime under the laws of the United States, Georgia, or any other state pertaining to the manufacturing, distribution, sale or dispensing of drugs or narcotics? () Yes () No (If yes, please attach an explanation and copies of all documents and records.)

8. Person to be contacted for communication, or notice and citation matters:

Name: _____ Title: _____

Address: _____

Phone #: (____) _____ - _____

9. List the name of the state in which the pharmacy receives and dispenses prescription drug orders and the license, registration, or permit number.

State: _____ License Number: _____

10. Provide proof of a valid, unexpired license, permit, or registration from the state in which the pharmacy receives and dispenses prescription drug orders. Proof can be provided through an official license verification from the regulatory agency or licensing board of the state in which the pharmacy resides.

11. Are you dispensing sterile or nonsterile compounding for practitioners to use in patient care in the practitioner's office? () Yes () No

Please Note: If dispensing sterile or nonsterile compounding for practitioners to use in patient care in the practitioner's office, you must provide a copy of the most recent inspection report that is no older than two (2) years before the date of application was submitted and which is from an inspection conducted by the regulatory or licensing agencies of the jurisdiction in which the applicant is located that indicates compliance with the Board's rules and regulations and compliance with USP-NF standards for pharmacies performing sterile and nonsterile compounding, or another inspection approved by or conducted by the Board.

The undersigned hereby swears, or affirms, that all statements made herein are true and correct, and that all the provisions of the law and regulations based thereon, will be faithfully observed during the period any permit issued may be in force and effect.

Firm Name: _____

Applicant Name: _____

Applicant Signature: _____

By: _____
(State whether individual Owner, Partner or Officer of the corporation)

Sworn and subscribed before me, this

_____ day of _____, _____.

Notary Public/Expiration Date/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 18 & 19 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 _____, _____.

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. § secure and 50-36-2(c)]

STATE LICENSURE CERTIFICATION

PHARMACIST-IN-CHARGE: *Please complete the top section of this form and mail to the state from which you will be dispensing drugs to residents of this state. This form may be reproduced as necessary.*

TO: _____ **Board of Pharmacy**

The Georgia Board of Pharmacy requires that your Board complete this form in order to process my request to become the pharmacist-in-charge of a non-resident pharmacy facility. 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 the change to the pharmacist-in charge.

My License # _____ was issued by your Board on _____ on the basis of
() State Board Exam, () Reciprocity/Endorsement, () National Board, () Credentials, () _____.

_____	_____
PIC'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 incoming PIC in a sealed envelope.

Pharmacist License # _____ to practice pharmacy in the State of _____ was
issued on _____ to _____.
(date) (Licensee's Name)

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

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

_____	_____
(Print Name)	(Signature)

(Title)	
_____	(BOARD SEAL)
(Date)	

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

STATE LICENSURE CERTIFICATION

This certification form must be completed by the State Licensing Board for each state in which a license is held and returned to the applicant to submit with the Georgia State Board of Pharmacy licensing application.

This is to certify that _____ was issued
license number _____ on ___/___/___ to operate as a (circle one) manufacturer,
wholesaler, or reverse distributor in the State of _____.

This is to further certify that the above-named manufacturer, wholesaler, distributor, or supplier's license is current and in good standing and that there have never been any sanctions against the holder's license.

This, _____ day of _____, _____.

(Print Name)

(Signature)

(Title)

(Complete Name of Board)

Georgia Drugs and Narcotics Agency
40 Pryor Street SW, Ste. 2000
Atlanta, GA 30303
404-656-5100 / 800-656-6568 / Fax 404-651-8210

PERSONNEL CERTIFICATION FORM

For All persons applying for a Georgia State Board of Pharmacy Non-Resident Pharmacy Facility

Instructions: ***PLEASE RETURN ORIGINAL FORM TO ADDRESS LISTED ABOVE.***

Completion of this form is a necessary part of the applicant background investigation to be conducted by the Georgia Drugs and Narcotics Agency (GDNA) as part of the licensing approval process. Please return this form to the Board of Pharmacy when filing your application, or send directly to GDNA at the above address.

This form should be completed by each person named in the application as an owner of the firm, including the President/CEO, Vice President, and Secretary/Treasurer, Pharmacist-in-Charge, and the individual who is the company's contact person for the Board and GDNA. For larger corporations with multiple divisions and officers, please limit the contact personnel to 5 individuals, including the President/CEO, Vice Presidents and/or others directly responsible for drug acquisition and distribution, and the responsible person for contact with the Board and GDNA.

When an application is filled for a change of ownership, each new officer (or responsible officer) must complete the form.

All information requested on this form is mandatory. Failure to provide any and all of the requested information will result in an incomplete background investigation and rejection of the application. This information will be used to determine your qualifications for registration and licensure under the Georgia Pharmacy Law. This information may be share with other government agencies upon receipt of an official request.

Applicant Name: _____ **Sex:** _____

Street Address: _____

City: _____ **State:** ____ **Zip:** _____

Date of Birth: _____ **Social Security #:** _____

Contact Telephone: _____ **Contact Fax:** _____

Firm Name: _____

Position with the Firm: _____

On the following questions, please check the appropriate "Yes" or "No" box for each of the following questions. If the answer is "Yes" to Question 2, 3, or 4, you must attach a written explanation providing complete information to explain each "Yes" answer.

Failure to provide an explanation will delay the application process.

PERSONNEL CERTIFICATION FORM – Page 2

1) Licensure – (Must include present and previous, work and ownership history for at least 20 years)

YES NO

a) Do you currently own, have owned in the past, work or worked for, any type of licensed /permitted pharmacy, drug wholesaler, manufacturer or reverse distributor?

If Yes to a), please list the name of the firm, complete address, and date(s) of ownership and/or employment.

b) Are you currently, or have ever been, licensed as a pharmacist?

If Yes to b), please list the state(s) where licensed and the license number(s)

2) Have you ever had, or been associated with, a personal or firms professional license That has been denied, suspended, revoked, or sanctioned taken by this or any other state or federal governmental authority?

3) Have you ever been arrested for, convicted of, or pled NoLo to any violation of any law of a foreign country, the United States, or any state law, including those set aside under The First Offender’s Act? Please do not include minor traffic offenses.

4) Have you ever owned or been associated with any firm has been indicted, convicted of, or pled NoLo to any violation of any law of a foreign country, the United States, or any state law, including those set aside under The First Offender’s Act?

5) What are your responsibilities with this firm – present and past?

I certify under penalty of perjury of the applicable laws of the United States and the State of Georgia Department of Community Health to the truth and accuracy of all of the foregoing information, and further, I hereby authorize the Georgia Drugs and Narcotics Agency to receive any Criminal History Information and Driver History Information pertaining to me which may be in the files of any local, state, or federal criminal justice agency.

Signature: _____

Date: _____

Sworn to and subscribed before me this

_____ Day of _____, _____

_____ My Commission Expires: _____

Notary Public

NOTARY SIGNATURE & SEAL REQUIRED