



Do Not Write In This Section:

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

RE-EXAMINATION APPLICATION FOR PHARMACY PRACTICAL EXAM

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)

ADDRESS: _____
Mailing 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

DAYTIME PHONE: _____ **OTHER PHONE:** _____

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