

GEORGIA BOARD OF PHARMACY
2 Peachtree Street, N.W.
36th Floor
Atlanta, Georgia 30303
Phone (404) 651-8000

DOCUMENT SUBMISSION COVER SHEET

Please use this form as a cover sheet for submitting your document(s) for initial application or for renewal of your professional license. You may fax your document(s) along with this cover sheet directly to the Board office at (678) 717-6694, or 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. Be sure the document(s) you are faxing are legible. Failure to provide legible documents will delay your renewal.

Print Name: _____

Print Complete Professional License No. : _____ **if renewing your license.**
(Examples: RPH123456 or PHTC123456)

If applying for a new license, print type of license you are applying for here: _____