



FLORIDA BOARD OF PHARMACY
 4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254
 Phone: (850) 245-4292 • www.floridaspharmacy.gov

FORM #2 - LICENSURE VERIFICATION FORM

To be completed by applicant licensed as a pharmacist or intern. Please print or type legibly.

| | | | |
|------------------------------------|-------------|-----------------------|-------------------------------|
| 1. Biographical information | | | |
| Applicant name | | Date of birth | Social Security Number |
| | | | |
| Street address | City | State | Zip |
| | | | |
| 2. License number | | 3. Date issued | |
| | | | |

To be completed by state board office:

The individual listed above has applied for licensure in the State of Florida as a registered pharmacist or intern. Before further consideration is given to this application, we would appreciate your assistance in completing the information requested below. (Upon completion of this form, please return same to the address below.)

| | | | |
|---|-------------------------------|----------------------------|--|
| 4. Licensure verification provided by state of: | | 5. Applicant's name | |
| | | | |
| 6. Type of license issued | 7. Date license issued | 8. License number | |
| | | | |
| 9. Current status of license | | | |
| <input type="checkbox"/> Active <input type="checkbox"/> In-active <input type="checkbox"/> Other (explain) _____ | | | |
| 10. License obtained by | | | |
| Examination _____ Reciprocity/Endorsement _____ Other _____ | | | |
| 11. Has applicant been found guilty of any violations for which disciplinary action was taken? | | | |
| Yes _____ No _____ | | | |
| Note: if disciplinary action has been taken against this licensee, please provide this office with any documentation regarding this action. | | | |

 Print name

 Signature

 Title

 Date

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

**FLORIDA BOARD OF PHARMACY
 4052 BALD CYPRESS WAY
 BIN #C-04
 TALLAHASSEE, FL 32399-3254**

(BOARD SEAL)