



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

**ITEM #4 - LICENSURE VERIFICATION FORM**

**To be completed by applicant licensed as registered pharmacist. 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 or other jurisdiction board office:**

The individual listed above has applied for licensure in the State of Florida as a registered pharmacist. 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 or jurisdiction 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 _____			
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)

**NOTE: Please check to be sure that you have answered all of the questions above.**