

**2. SOCIAL SECURITY DISCLOSURE**

**This information is exempt from public records disclosure.**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

Pursuant to Title 42 United States Code § 666(a)(13), the Department of Health is required and authorized to collect Social Security numbers relating to applications for professional licensure. For all professions regulated under chapter (ch.) 456, Florida Statutes (F.S.), the collection of Social Security numbers is required by section (s.) 456.013(1)(a), F.S.

**Board of Pharmacy**  
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