

Online verifications submitted by the applicant are acceptable if they are current and show disciplinary history status.

Complete forms must be sent directly from the licensing agency to the board office at info@floridaspharmacy.gov, or mailed to:

Board of Pharmacy
4052 Bald Cypress Way Bin C-04
Tallahassee, FL 32399-3258



Board of Pharmacy License Verification Request

Part I: To be completed by applicant (Florida requires verification of all your current and previously held licenses.)

Name: _____

Address: _____

Name original license was issued under: _____

License Number: _____ State: _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Pharmacy.

Applicant Signature: _____ Date: _____
MM/DD/YYYY

Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- * Typed on an official state form or letterhead
- * Include an official board seal
- * Signature and title of state board official

The following information must be included in all verifications:

- * Licensee name
- * Licensure status
- * Date of issuance/expiration
- * Licensure method (examination, reciprocity/endorsement, other)
- * Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- * If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.
- * License number
- * Is license in good standing?
- * State or jurisdiction of licensure