

Complete verifications must be mailed 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 | * License number | * State or jurisdiction of licensure |
| * Licensure status | * Is license in good standing? | |
| * Date of issuance/expiration | | |
| * Licensure method (examination or reciprocity/endorsement) | | |
| * 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. | | |