



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

ITEM #5 - 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 the regulatory office or agency for the state or U.S. jurisdiction:

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 of:		5. Applicant's Name	
6. Type Of License Issued	7. Date License Issued	8. License Number	
9. Current status of license			
_____ Active _____ In-active _____ 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.