Consultant Pharmacist Application

Board of Pharmacy
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: FloridasPharmacy.gov
Email: MQA.Pharmacy@FLHealth.gov
Phone: 850-245-4474
Fax: 850-921-5389

DH-MQA 1109, Revised 4/2025, Rule 64B16-26.300, F.A.C.

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Tallahassee, FL 32314-6330
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Do Not Write in this Space
For Revenue Receipting Only

All applicants must hold a current Florida Pharmacist license that is active and in good standing.

Consultant Pharmacist (1020) **$55.00**

Total fee of $55.00 includes the following:	
Application Fee	$55.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. The $55.00 application fee is not refundable.

1. PERSONAL INFORMATION

Name: _____ **Date of Birth:** _____
Last/Surname First Middle MM/DD/YYYY

Mailing Address:

_____ _____ _____
Street/P.O. Box Apt. No. City

_____ _____ _____ _____
State ZIP Country Home/Cell Telephone

_____
Business Telephone

EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with 41 CFR Part 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: ☐ Male ☐ Female

Race: ☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaska Native ☐ Two or More Races ☐ Hispanic or Latino ☐ Black or African American ☐ White ☐ Asian

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

☐ Yes ☐ No Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. LICENSURE HISTORY

A. Do you have a Florida Pharmacist (PS) license that is active and in good standing? ☐ Yes ☐ No

If "Yes," what is the license number? _____

B. Have you ever held a Consultant Pharmacist License in Florida? ☐ Yes ☐ No

If "Yes," what was the license number? _____

3. SOCIAL SECURITY DISCLOSURE

This page is exempt from public records disclosure.

Last Name: _____

First Name: _____

Middle Name: _____

U.S. Social Security Number: _____

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 , the collection of Social Security numbers is required by section (s.) 456.013(1)(a), Florida Statutes.

Name: _____

☐ All applicants must complete a board approved consultant pharmacist course of no fewer than 20 hours as outlined in Rule 64B16-26.300(3)(b), Florida Administrative Code.

☐ **All applicants must provide a copy of the initial course certificate for the consultant pharmacist course.**

Documentation must be sent to the board office at MQA.Pharmacy@flhealth.gov, or mailed to:

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

4. APPLICANT SIGNATURE

I, the undersigned, state that I am the person referred to in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067, Florida Statutes.

I am aware that my consultant pharmacist license certificate may be suspended or revoked if I violate any provision of chapter 456, Florida Statutes, chapter 465, Florida Statutes, and/or any laws or rules adopted pursuant thereto.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature _____ Date _____
You may print out this application and sign it or sign digitally. MM/DD/YYYY