

\$250.00 reinstatement plus  
\$120.00 renewal fee for each  
renewal period not renewed.  
Enter total here \_\_\_\_\_

**Georgia State Board of Pharmacy**  
**237 Coliseum Drive**  
**Macon, Georgia 31217**  
**(478) 207-2440**  
**www.sos.ga.gov/plb/pharmacy**

**APPLICATION FOR REINSTATEMENT/REACTIVATION OF GEORGIA PHARMACY LICENSE**  
**APPLICATIONS VALID FOR ONE (1) YEAR**

Please submit your application in a 9 X 12 or larger envelope with pages unstapled and unfolded.

The Reinstatement Fee is non-refundable

The fee for checks returned due to non-sufficient funds is \$40.00.

**PLEASE CHECK ONE: I am applying for ( ) Reinstatement ( ) Reactivation**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Home Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

3. Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Number: \_\_\_\_\_ - \_\_\_\_\_

4. Email Address \_\_\_\_\_

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

\_\_\_ I am a U.S. citizen \_\_\_ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. \*\*Submit attached checklist form with documentation, and provide required documentation

5. Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Georgia Pharmacy License Number: \_\_\_\_\_

7. If you are now, or have ever been licensed to practice pharmacy in another state, **you are required to have your license verified by that State Board of Pharmacy, and mailed directly to this office)**

\_\_\_\_\_  
\_\_\_\_\_

8. On a separate sheet submit a C.V. indicating past work histories, going back to date of expiration.

9. Since the date of expiration, have you been practicing pharmacy?  
( ) Yes ( ) No

10. Have you kept your Continuing Pharmaceutical Education hours current?  
( ) Yes ( ) No (Attach **COPIES** of your most recently obtained 30 hours)

11. Have you ever been convicted of a misdemeanor or felony? ( )Yes ( )No  
(If yes, you must attach a copy of the court disposition sheet(s) and an explanation of the charge(s).

12. If you hold or did hold a license in another state, please answer the following question: Have you ever had your license revoked or suspended, or otherwise sanctioned by any board or agency in another state? ( )Yes ( )No ( )N/A  
(If yes, you must attach a copy of the order and an explanation).

13. To your knowledge, are you the subject of an investigation by any licensing board or agency as of the date of this application? ( )Yes ( )No ( )N/A  
(If yes, attach an explanation.)

14. Within the previous two (2) years, have you been dependent on alcohol or any other drug, or been treated for dependency on alcohol or any other drug?  
( )Yes ( )No (If yes, attach explanation.)

15. Do you have any physical or mental condition(s) which renders you unable to practice pharmacy with reasonable skill and safety to patients? ( )Yes ( )No (If yes, attach explanation.)

I acknowledge and state that I have read the application instructions on the first page of this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with the Georgia State Board of Pharmacy Rules, Laws, and Practice Act.

I further acknowledge that if I have been out of practice for four (4) or more years, that I must comply with Board Policy #3(A), and that if my license was Administratively Revoked for failure to renew, I will have to comply with Board Policy #3(B) and/or Policy #4 and that I have read and understand the attached copies of these policies.

By signing this application, I certify that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of Applicant) (Date)

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

My Commission Expires: \_\_\_\_\_

(Notary Seal)

## DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

### Alien Lawfully Admitted for Permanent Residence:

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- \_\_\_\_\_ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

### Asylee:

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- \_\_\_\_\_ - Grant letter from the asylum office of INS
- \_\_\_\_\_ - Order of an immigration judge granting asylum

### Refugee:

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- \_\_\_\_\_ - INS Form I-571 (Refugee Travel Document)

### Alien Paroled Into the U.S. for at Least One Year:

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

### Alien Whose Deportation or Removal Was Withheld:

- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- \_\_\_\_\_ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

### Alien Granted Conditional Entry:

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"

### Cuban/Haitian Entrant:

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- \_\_\_\_\_ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- \_\_\_\_\_ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

### Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- \_\_\_\_\_ - INS petition and appropriate supporting documentation

\_\_\_\_\_  
Name of Applicant

237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440

**CONSENT FORM**

I hereby authorize the **GEORGIA STATE BOARD OF PHARMACY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I also give consent to the Georgia State Board of Pharmacy to perform periodic criminal background checks for the duration of my active licensure status with this state.

\_\_\_\_\_  
(Applicant's Full Name – Printed)

\_\_\_\_\_  
Physical Address (P.O. Boxes **NOT** Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Place of Birth (City/State):

\_\_\_\_\_  
Aliases or Maiden Name:

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

+



## Policy #3A

### **Guidelines for Reinstatement/Reactivation of Pharmacists' Licenses who have NOT been actively practicing pharmacy for the past four (4) years or longer.**

(This pertains to a pharmacist whose license is on "Inactive" status or administratively lapsed due to non-renewal, voluntarily surrendered or suspended for disciplinary reasons.)

The applicant must complete the following:

1. All applicants must submit the completed application to the Board's office for reinstatement/reactivation.
2. Re-take and achieve a passing score on the Jurisprudence Examination (MPJE)
3. Complete and submit proof of 30 hours of Pharmaceutical Continuing Education.
4. Pay all back renewal and/or penalty fees.

Once the above conditions have been met, the Board staff will forward the file to the AG's office for issuance of a consent order requiring:

1. Applicants who have been out of practice between four (4) or more years will be required to work under direct supervision in an "Intern-like" setting as follows:

4 years – 1000 hours	10 years – 1600 hours
5 years – 1100 hours	11 years – 1700 hours
6 years – 1200 hours	12 years – 1800 hours
7 years – 1300 hours	13 years – 1900 hours
8 years – 1400 hours	14 or more years – 2,000 hours
9 years – 1500 hours	

When working in this "Intern-like" setting, an applicant can work a minimum of twenty (20) hours and a maximum of fifty (50) hours per week. At the completion of this practice, the supervisor must provide an affidavit attesting to the applicants' level of competency.

2. Once the hours are completed, all applicants must take and pass the Georgia practical examination.
3. Applicants may choose to complete 1000 hours in an "intern-like" setting and retake and pass the NAPLEX in lieu of working the total number of hours required above.

In its discretion, the Board MAY require one or all of the following: Applicants who have been out of practice for over ten (10) years may be required to re-take and achieve a passing score on the NAPLEX.

1. Submit further evidence of competency or stipulations as may be determined by the Board.
2. Inclusion in the CE audit pool for the upcoming renewal cycle.
3. Board may request to meet with licensee prior to license being reinstated.

## Policy #3B

### **Guidelines for Reinstatement/Reactivation of Pharmacists' Licenses who HAVE been actively practicing pharmacy during the past four (4) years.**

(This could pertain to a pharmacist whose license is on "Inactive" status, or a pharmacist whose license was administratively lapsed due to non-renewal, voluntarily surrendered or suspended for disciplinary reasons.)

1. Applicants must submit a written request to the Board's office for reinstatement/reactivation.
2. Pay all back renewal and/or penalty fees.
3. Complete and submit proof of 30 hours of Pharmaceutical Continuing Education obtained during the past two (2) years.
4. Submit a Curriculum Vitae (C.V.) indicating past work activities, going back to date of expiration.
5. If licensed in another state, have verification of license forwarded to the Georgia State Board of Pharmacy's office.

If the license was administratively lapsed due to non-renewal the board, in its discretion may also require one or all of the following:

1. Inclusion in the CE audit pool for the upcoming renewal cycle.
2. Board may request to meet with licensee prior to license being reinstated.