



Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242

License #

Temporary Pharmacist Permit Application

(Valid through Valid though the Termination of State of Emergency related to SARS-CoV-2 Pandemic)

Name _____

Address _____

City _____ State _____ Zip _____ County _____

Name of Employer _____ Address 1 _____ City _____ State _____ Zip _____

County _____ Are you the Supervising Pharmacist for this Employer? _____ Home Phone Number _____

Hours worked at this Facility per Week _____ CPE Monitor # _____

Do you have a full and unrestricted license to practice pharmacy? YES NO
If yes, list states, license # and give the status of license(s) _____

Have you been convicted, received adjudication, community supervision, or deferred prosecution of any felony offense or any crime related to fraud, violence, sexual violations, or related to the practice of pharmacy? YES NO
If yes, explain _____

Has any pharmacy license issued to you been sanctioned? YES NO
If yes, explain _____

Have you had a controlled substance license or permit suspended or revoked by any state or the Drug Enforcement Agency? YES NO
If yes, explain _____

Are you currently under investigation by a licensing agency or law enforcement authority or any state, federal or foreign jurisdiction? YES NO
If yes, explain _____

Are you a United States citizen, a National of the United States, or an alien lawfully present in the United States? YES NO
If yes, please attach a copy of documentation.

I hereby affirm that I have met all of the requirements for a temporary pharmacist permit as set forth by the Alabama State Board of Pharmacy. I understand that I must comply with the provisions of the Alabama Pharmacy Practice Act, Rules of the Board and all other applicable statutes and rules. I affirm that all information provided herein is true and correct and I recognize that providing false information may result in disciplinary action.

Signature

Date

I hereby further affirm that I intend to practice pharmacy to provide healthcare to citizens of Alabama suffering from and effected by the SARS-CoV-2 pandemic.

Signature

Date

Please email completed application to lmartin@albop.com