



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

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FOR AGENCY USE ONLY

License No.:	Fee:	Check No.:	Receipt No.: 20
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Pharmacist License Renewal Application

To renew your license, complete and submit this form with the license renewal fee (see fee information below).

You must provide a response to each question. You may answer none or "N/A" if it is the correct response. If you fail to answer all of the questions, your application will be returned to you. If you fail to provide sufficient supporting documentation, staff will send you a deficiency notice and your application will remain "In Progress" until staff receives all required documentation.

If you answer "Yes" to any of the regulatory questions, your application may require Board review. Please allow time for the processing of such applications.

1. Name _____

2. License No. _____ 3. DOB _____

4. NABP e-Profile ID # _____

5. Residential Address

Address _____ Unit/Apt. No. _____

City _____ County _____ State _____ Zip _____

6. Mailing Address Check if mailing address is the same as above

Address _____ Unit/Apt. No. _____

City _____ County _____ State _____ Zip _____

7. Phone Number _____ 8. Email Address _____

9. Are you currently employed in a pharmacy? If yes, provide the information below. Yes No

Name of Pharmacy _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Start Date _____

10. Are you the Pharmacist-In-Charge? Yes No

Regulatory Questions

11. Since you last renewed this license, has any formal disciplinary action, including but not limited to, license denial, censure, fine, suspension, probation, restriction of practice or revocation, been taken against any license or other professional certificate you hold or have held? If yes, provide full details, which must include the nature and date of each action and the state or jurisdiction involved. You must also provide a copy of the Order relating to the disciplinary action.
- Yes No
12. Since you last renewed this license, have you been arrested for, charged with, pled guilty or no contest to, or been convicted of a felony or misdemeanor offense? (You must answer “yes” even if an arrest or conviction has been pardoned, expunged, set aside, dismissed or your civil rights have been restored.) If yes, provide full details, which must include the date, court, case number, state of prosecution and nature of the charge(s). You must also provide court documentation related to the case(s).

Yes No

Immunization Questions

13. Are you a certified immunizer?
- If yes, have you complied with the continuing education requirements set forth in A.A.C. R4-23-411? If you check “no,” your status as a certified immunizer will be changed to INACTIVE, and you will need to submit the applicable CE to be reinstated. The Board of Pharmacy will allow pharmacists with CPR cards expiring during the COVID-19 Health Emergency to immunize for up to six months after the Health Emergency is lifted.

Yes No

Relief Certificate

14. I would like to order a relief certificate and have included the \$10.00 fee. (A relief certificate is not required. You may reprint your license from your online profile.)

Yes No

Attestations

By signing below, I certify that I have complied with the continuing education requirements set forth in A.R.S. §§ 32-1925, 32-3248.02 and A.A.C. R4-23-204, including the opioid-related, substance use disorder-related or addiction-related continuing education requirements. (Licensees are exempt from the continuing education requirement between the time of initial licensure and first renewal.)

I declare, under penalty of perjury, under the laws of the state of Arizona, that the information I have provided in this application is true and correct to the best of my knowledge.

Signature

Date

Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.

PURSUANT TO SECTION 32-4302, ARIZONA REVISED STATUTES, A PERSON SHALL BE GRANTED AN OCCUPATIONAL OR PROFESSIONAL LICENSE OR CERTIFICATE IF THE PERSON HAS BEEN LICENSED OR CERTIFIED IN ANOTHER STATE FOR AT LEAST TWELVE MONTHS, THE LICENSE OR CERTIFICATE IS IN THE SAME DISCIPLINE AND AT THE SAME PRACTICE LEVEL AS THE LICENSE OR CERTIFICATE FOR WHICH THE PERSON IS APPLYING IN THIS STATE AND THE PERSON MEETS OTHER CONDITIONS PRESCRIBED BY SECTION 32-4302, ARIZONA REVISED STATUTES.

PHARMACIST RENEWAL FEES

The renewal fee for a pharmacist license that expires on October 31, 2021 is \$180.00. If your license expired before October 31, 2021, please contact the Board office for the correct fee.

Renewals completed after October 31, 2021 are subject to a late renewal penalty. The penalty fee is ½ of the renewal total, not to exceed \$350.00.

Renewal fees are payable by debit or credit card through the online renewal system only. Payments made by mail may only be made by check or money order payable to the Arizona State Board of Pharmacy. We DO NOT accept cash.