ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749
www.azpharmacy.gov

FOR AGENCY USE ONLY

ASBP Approval:		License No.:		Fee:		Receipt No.:	
Effective Date:		Certificate Mailed:		Check No.:		Check Date:	
Fee From:		Fee To:					

APPLICATION FOR LICENSURE AS AN ARIZONA PHARMACY INTERN
(fee is $60.00 for 5-year license)

Name: _____ _____ _____
First | Middle | Last

_____ _____ _____
Phone | SSN | Email

Address: _____ _____ _____ _____ _____
Street and Number | City | County | State | Zip

Mailing Address:
(if different) _____ _____ _____ _____ _____
Street and Number | City | County | State | Zip

Birth Information: _____ _____ _____ _____
City | State | Country | Date of Birth

College: _____ _____ _____ _____
Name of College Attended or Attending | State | Degree | Date of/or Anticipated Graduation

Other name(s): _____

To complete this application, please provide the following:

- Current official college transcript, **OR** letter from the Registrar's / Dean's Office
- U.S. Birth Certificate or U.S. Passport
- Foreign graduates must have **FPGEC Certificate, proof of legal U.S. residency, and/or permission to work in the United States**. For questions, contact the Board office at 602-771-2761.

Has the applicant had any convictions involving a misdemeanor, felony offenses or any drug-related offenses? ☐ **YES** ☐ **NO**
NOTE: Even though a conviction has been vacated, pardoned, expunged, dismissed or appealed or your civil rights restored, you are required to answer "YES."

If "YES," please provide the following information: charge(s), conviction date(s), name of sentencing court(s), court's location, and final disposition of the charge(s) or conviction(s) by attaching the information to this application.

APPLICATIONS ARE NOT REFUNDABLE AS STATED UNDER A.A.C. R4-23-205 (F)

To the best of my knowledge and belief the foregoing application is true and current in all respects. False reporting can result in denial or loss of license.

Signature: _____ Date: _____

Title II of the Americans with Disabilities ACT prohibits the Arizona State Board of Pharmacy from discriminating on the basis of disability. This material is available in an alternate format upon request.