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

Fee:		Receipt No.:		Check No.:		Check Date:	

APPLICATION FOR PHARMACIST LICENSURE BY RECIPROCITY

(applicant must have held pharmacist license for a minimum of one year in original state of licensure)

Name (first, middle, last):	
SSN:	
Street Address:	
City, State, Zip:	
County:	
Phone Number:	
Email Address:	
Mailing Street Address (if different):	
Mailing City, State, Zip (if different):	
Date of Birth:	
Place of Birth (city, state & country):	
Other Name(s) Used:	

To complete the application please attach the following documents:

- **$300 Application fee**
  (Please note: do not resubmit the fee if you have already mailed a check to the Board with your NABP completed application!)
- **A copy of a US birth certificate, US passport or permanent resident (green) card, or naturalization paper**

  Applicants who do not have the above mentioned documents should contact the Board prior to submitting their applications.

I hereby make application for reciprocation of my original licensure by examination to the Arizona State Board of Pharmacy. I attest that I have been employed in the practice of pharmacy within the past 12 calendar months and that my original license by exam is open and in good standing. I have disclosed any civil, criminal, misdemeanor, felony or administrative charges or convictions against me or my license to practice pharmacy in any state or jurisdiction, past present or pending. (Attach copies of original documents to this application).

I understand that I must complete the reciprocation of my license with 12 months of signing this application, or the application will become null and void.

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 licensure!

(Signature) (Date)

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

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.