



**Arizona State Board of Pharmacy**  
 Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007  
 Mailing Address: P.O. Box 18520, Phoenix, AZ 85005  
 P) 602-771-2727 F) 602-771-2749 www.azpharmacy.gov

FOR AGENCY USE ONLY			
License No.:	Fee:	Check No.:	Receipt No.: 20

### License Renewal Application

To renew your license, complete and submit this form with the license renewal fee (see attached chart). 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 renew your license in a timely manner, it will be closed. If you continue to practice while your license is closed, you may be subject to sanctions as provided for in A.R.S. § 32-1925.

License Type (Choose One): Pharmacist Pharmacy Technician

1. Name \_\_\_\_\_

2. License No. \_\_\_\_\_ 3. SSN \_\_\_\_\_

4. **Residential Address**

Address \_\_\_\_\_ Unit/Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Address \_\_\_\_\_ Unit/Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Phone Number \_\_\_\_\_ 7. Email Address \_\_\_\_\_

8. 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 \_\_\_\_\_

9. Are you the Pharmacist-In-Charge? Yes      No      N/A

10. Since you last renewed this license, has any formal disciplinary action, including but not limited to, censure, fine, suspension, probation, restriction of practice or revocation, been taken against your license or other professional certificate? If yes, attach 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

11. 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, attach 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

12. Have you complied with the continuing education requirements set forth in A.R.S. § 32-1925 and A.A.C. R4-23-204 (pharmacist) or R4-23-1106 (technician), including the pharmacy law requirements?

Yes No

13. I would like to order a relief certificate and have included the \$10.00 fee.

Yes No

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.

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Signature

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Date

## 2017 LICENSE RENEWAL FEES

The following chart is for OPEN licenses that expire on October 31, 2017. If your license expired before October 31, 2017, please contact the Board office for the correct fee.

This chart does not apply to technician trainees. If you need to apply for an extension of your training license, please refer to the trainee reapply instructions on our website.

Renewals completed after October 31, 2017 are subject to a late renewal penalty. The penalty fee is  $\frac{1}{2}$  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 or in person at the Board office may only be made by check or money order payable to the Arizona State Board of Pharmacy. We DO NOT accept cash.

Licenses	Odd Numbered Licenses	Even Numbered Licenses
Technicians	\$72.00	\$36.00
Pharmacists	\$180.00	\$90.00