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/Permit No.		Fee		Check #		Receipt #	

Verification Request Form

The Arizona State Board of Pharmacy charges $15.00 for written verification of a license, a permit or intern hours. If you require written verification of your license, permit or intern hours, please complete this form and submit it to the above mailing address with a check or money order for the appropriate amount. The fee is $15.00 *per verification*. If the state for which you are verifying licensure wishes to have a specific form completed, please attach the form to this request.

Name (as it appears on your license/permit):_____

License/Permit No.:_____

Number of Verifications Requested:_____

Do you need intern hours verified? ◯ Yes ◯ No ◯ N/A

Address(es) where the verification(s) should be mailed:

Name:_____

Street Address_____

City_____ State_____Zip_____

Name:_____

Street Address_____

City_____ State_____Zip_____

Name:_____

Street Address_____

City_____ State_____Zip_____

_____ _____

Signature Date