

# GEORGIA BOARD OF PHARMACY

2 MLK Jr. Drive, SE, 11<sup>th</sup> Floor

East Tower

Atlanta, GA 30334

(404) 651-8000

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Pharmacy in the State of Georgia. Visit our website for information: [www.gbp.georgia.gov](http://www.gbp.georgia.gov)

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## INFORMATION SHEET FOR FILING AN APPLICATION FOR PHARMACY LICENSE

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- The **required non-refundable application fee** must accompany the completed application. The fee for checks returned due to non-sufficient funds is \$30.00.
- **SUBMIT APPLICATION IN A 9x12 or LARGER ENVELOPE** – Do not staple pages or check/money order.
- The Board of Pharmacy requires an inspection of any pharmacy facility **located within the State of Georgia** prior to the issuance of a license. The request for the **inspection** should be made with the **Georgia Drugs and Narcotics Agency (GDNA)** by the applicant after submitting the completed application to the Board office. You may contact GDNA at (404) 656-5100 or (800) 656-6568. Do **not** contact GDNA for an inspection until you are notified by the Board that your application has been processed; GDNA will not inspect or set up an inspection without a processed application.
- **Allow a minimum of 60 business days for the processing of an application.**
- The Board staff cannot provide legal advice, interpretations of the laws and rules, and cannot advise you as to which type of license your business should apply for; you will need to seek private legal counsel to assist you regarding these matters.
- Please refer to Georgia law and Board rules regarding the requirement for the license type for which you are applying. These may be found on the Board's website at: [www.gbp.georgia.gov](http://www.gbp.georgia.gov).
- **Georgia issues permits for non-resident retail pharmacies; but applicants may only apply for permits using the non-resident pharmacy permit application.**
- **For Research Applicants – registration for those who plan to obtain, possess, or conduct research, teaching, analysis, or drug dog detection/training with controlled substances:** The primary individual in charge/responsible for the protocol for the program **MUST** provide with the application evidence of US citizenship (copy of birth certificate or passport) or qualified alien status under the Work Opportunity and Personal Responsibility Act of 1996. **List the physical address as where the drugs are stored that are used for research including building name and room numbers.**
- **For Wholesalers, Third-Party Logistics Providers and Reverse Distributors Applicants:** Wholesalers, Third-Party Logistics Providers and Reverse Distributors within the State of Georgia are required, by law to be licensed with the Georgia State Board of Pharmacy. Wholesalers or Reverse Distributors located outside the State of Georgia, but wholesale, distribute, or supply drugs to individuals or facilities within the State of Georgia, are also required by law to be licensed with the Georgia State Board of Pharmacy. Third-Party Logistics Providers located outside the State of Georgia are **NOT** required to be licensed with the Georgia State Board of Pharmacy.

- A GDNA inspection is **not** required for out-of-state facilities (i.e., wholesalers). GDNA will process the personal certification forms that wholesalers, manufacturers, and reverse distributors submit with their applications.
- **Oxygen** wholesalers who provide products **directly** to the patient/end user **are not required to be licensed in Georgia**.
- **Wholesalers:** Monthly transaction reports involving controlled substances are required by law to be maintained and in your possession. GDNA may request copies of these records at any time.
- **Which pages of the application do I submit?**

**Retail, Hospital, and Retail/Home Health** applicants submit pages **3, 4, 15, 16, 17** and **18**.

**Nuclear Pharmacy** applicants submit pages **3, 5, 15, 16, 17** and **18**.

**Researcher** applicants must submit pages **3, 6, 7, 15, 16, 17** and **18**. Also, attach a brief resume or curriculum vitae and current photo (2x2 passport style photo).

**Opioid Treatment Clinic** and **Outpatient Clinic** applicants submit pages **3, 8, 15, 16, 17** and **18**.

**Prison Pharmacy** applicants submit pages **3, 9, 15, 16, 17** and **18**.

**Manufacturer** applicants submit pages **3, 10, 13, 15, 16, 17, 18, 19** and **20**.

**Wholesaler, Third-Party Logistic Providers** and **Reverse Distributor** applicants submit pages **3, 11, 12, 13, 15, 16, 17, 18, 19** and **20**.

**Remote Automated Medication System (RAMS)** applicants submit pages **3, 14, 15, 16, 17** and **18**.

- **All applications require a completed affidavit of applicant and appropriate secure and verifiable documents.**
- **When completing the application be sure to enter the name and license number of the existing license that you currently hold regardless of the change that is being made.**
- **If you are a 503B Outsourcing Facility, you need to complete the Manufacturing Application.**



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**Do Not Write in this Section:**

Receipt#: \_\_\_\_\_

Amount: \_\_\_\_\_

Applicant#: \_\_\_\_\_

Initials/Date: \_\_\_\_\_

## APPLICATIONS ARE VALID FOR ONE YEAR

The fee for a name change is only \$100.00. The fee for checks returned due non-sufficient funds is \$30.00.

### Purpose of Application:

#### License Type/Application Fee:

- ☐ Retail Pharmacy - \$500.00 – (Georgia only)
- ☐ Hospital Pharmacy - \$500.00 – (Georgia only)
- ☐ Retail/Home Health - \$500.00 – (Georgia only)
- ☒ **Researcher Pharmacy - \$100.00**
- ☐ Opioid Treatment Clinic - \$500.00 – (Georgia only)
- ☐ Outpatient Clinic - \$500.00 – (Georgia only)
- ☐ Prison Pharmacy - \$500.00 – (Georgia only)
- ☐ Wholesaler - \$1,000.00
- ☐ Third-Party Logistics Providers (3PL) - \$1,000.00 – (Georgia only)
- ☐ Reverse Distributor - \$1,000.00
- ☐ Manufacturer Pharmacy - \$1,000.00
- ☐ Nuclear Pharmacy - \$500.00
- ☐ Remote Automated Medication System(RAMS) - \$500.00

### Purpose of Application:

- ☒ **New Registration**
- ☐ Reinstatement - \$350.00 + late renewal fee for each renewal period missed
- ☐ Change of Ownership (Same as application fee)
- ☐ Change in Location (Same as application fee)
- ☐ Change in Primary Person in Charge (Researcher's only) - \$100.00  
Name: \_\_\_\_\_
- ☐ Change in Facility Name - \$100.00  
Previous Name: \_\_\_\_\_  
Current License Number: \_\_\_\_\_

### Location of Facility:

☒ **IN Georgia** ☐ **OUTSIDE Georgia**

### Affiliation:

Name or title under which business is conducted: Emory University (this must remain as EU)

(Please list legal name and dba name) (include dba between the two)

Physical Address: This is the full address where the drugs will be stored. Include building name, room number and don't forget Dekalb County

(P.O. Box not acceptable) Number and Street City/State Zip (Researcher include Bldg Nm & Room #) County

Mailing Address: Can be the same as above but this is the address where you would get any paper mail not packages. All drugs must be sent to physical address above

(If different) Number and Street City/State Zip

(add your phone number here) Employer Identification Number: 58-0566256 (this is Emory's EIN)

Telephone Number (Day)

Give the name, address and title of contact person to whom the Board may contact regarding the application only:

Name: PI's Name Title: PI Title

Address: PI address. Can be same as physical address above

Phone#: PI phone number Email Address: PI email address

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. **Your email address will not be shared with any third party. The contact person listed above is the only person that Board staff is authorized to speak with in regard to this application.**

Please list the date the Change of Name, Change of Location, or Change of Ownership Will Be Effective:

(N/A if you are not changing name, location, or ownership. Likely will not apply to any Researchers)

## **RESEARCHER APPLICANTS COMPLETE THIS PAGE**

**(Registration for those who plan to obtain, possess, or conduct research, teaching, analysis or drug dog detection/training with controlled substances)**

Name of primary individual in charge/responsible for protocol: PI Name

License Number (if applicable): N/A if new application

1. List the drugs (generic names) and the controlled substance schedule numbers that will be used:

List all the controlled substances AND dangerous drugs you use in ALL your protocols. You may use an additional sheet of paper if necessary.

2. List the approximate amount of drugs to be used per year: For the drugs listed above, list the amount you believe you will use in a year

3. Provide a brief description of the protocol for this program:

Please provide a brief summary of your protocol. If you have multiple protocols you can state that and discuss the general work the lab does.

4. From where will the controlled substances utilized in this program be obtained? Emory Express. If known, list Suppliers name here

5. Brief description of the security procedures to be used to secure controlled substances used in this program:

Discuss where you will store drugs at the physical address and the security measures in place to get to the physical address. Be sure to also include the following: all places

you will store and use drugs. If multiple locations are needed (fridge, freezer, etc) list those as well. If you are storing controlled substances and dangerous drugs in the same

drug storage area note that on the application. You will also need to request permission in writing to DEA to store dangerous drugs and controlled substances in the same area

Attach 2 x 2 photo of PI here

**(ATTACH CURRENT PHOTO HERE)**

## RESEARCHER APPLICANTS COMPLETE THIS PAGE

**(Registration for those who plan to obtain, possess, or conduct research, teaching, analysis, or drug dog detection/training with controlled substances)**

### **PERSONAL DATA SHEET**

All persons in charge/responsible for the protocol of the program must complete this form. Attach a brief resume or curriculum vitae of scientific education and/or training and/or degrees. Include present and former employers within the past ten years, giving address of each and date of employment. (If law enforcement agency, submit copies of training certificates pertaining to drug dog handling.) Also, attach evidence of US citizenship or eligible alien status under the Work Opportunity and Person Responsibility Act of 1996.

1. PI last name, first name and middle name Title: PI Title  
(Last) (First) (Middle)
2. PI personal home address  
Street Address City State Zip
3. PI D.O.B. PI SSN  
(Date of Birth) (Social Security Number\*)

**\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.**

4. Have you ever been arrested, convicted, sentenced, pled guilty to, pled *nolo contendere* to, or given first offender Status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are **not** minor traffic violations.) ( ) **Yes** ( ) **No** (If yes, please attach an explanation and have certified documents sent to the Board office.)
5. Have you ever had a research permit issued by any State, Federal, or local government revoked, suspended, or Otherwise sanctioned? ( ) **Yes** ( ) **No** (If yes, provide certified copies of the official documents pertaining to this matter.)
6. **Please initial the following statement indicating your acknowledgement:**

I am aware that the above information is in connection with application to obtain, possess, or conduct research with controlled substances and the furnishing of false or misleading information in such matters is a felony under Georgia Law. I hereby authorize the Georgia State Board of Pharmacy to receive any criminal history information pertaining to me which may be in the files of any local, State, or Federal criminal justice agency. \_\_\_\_\_ (Initials)

**Give the name, address, and title of the person to whom notices and citations may be served from the Board.**

Name: PI Name Title: PI Title  
Mailing address  
Street Address City State Zip

### **AFFIDAVIT**

I swear that all statements made on the application for registration and personal data sheet are true and correct and that all provisions of the law and regulations pertaining to this registration will be faithfully observed during the period of time any license may be in force and effect.

Sworn to and subscribed before me this \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_  
(Applicant Signature) (Date)

**MUST BE NOTARIZED HERE**

Notary Public/Expiration Date of Commission/Seal  
NOTARY SIGNATURE & SEAL REQUIRED

PI signs here in front of notary  
print name in front of notary  
Print Applicant Name

## AFFIDAVIT OF APPLICANT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Pharmacy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby, swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. §50-36-1:

1. Choose 1 or 2 I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, US passport, or document as indicated on pages 16 & 17 of this application.
2. Choose 1 or 2 I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Pharmacy and/or criminal prosecution.

PI Name

**Print Applicant's Name**

Sign in front of notary and present ID

Signature of Applicant

Date

Date

Personally appeared before me, the undersigned official authorized to administer oaths, comes

Notary will add PI name

(Applicant's Name)

who deposes and swears that he/she is the person who executed this

application for a pharmacy license, permit, or registration in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature: NOTARY SIGNS HERE AND FILLS THIS PART OUT

\_\_\_\_\_  
County

\_\_\_\_\_  
State

My Commission Expires: \_\_\_\_\_

(seal)

**NOTARY SIGNATURE & SEAL REQUIRED**

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

PI NAME

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Name

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued February 20, 2018, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]<sup>1</sup>
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

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<sup>1</sup> For identification presented to poll workers when voting, a registered Georgia voter may present an expired Georgia driver’s license as proof of identification when voting pursuant to O.C.G.A. § 21-2-417.

- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be accessed at: <https://www.bia.gov/tribal-leaders-directory> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law<sup>2</sup> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

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<sup>2</sup> Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law.

- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- When applying for any public benefit with the Department of Driver Services, an applicant may submit either an expired or unexpired document that is listed above as a secure and verifiable document. [O.C.G.A. §§ 50-36-1(g) & 50-36-2(b)(3)]
- When applying for a voter identification card pursuant to O.C.G.A. § 21-2-417.1, an individual may submit the aggregate forms of identification authorized by O.C.G.A. § 21-2-417.1(e).

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]