

PENNSYLVANIA STATE BOARD OF PHARMACY
PHARMACY RENEWAL APPLICATION (Rev. 4/15)

Name of Pharmacy: _____

Pharmacy Permit No.: _____

RETURN TO:

Board of Pharmacy
PO Box 8416
Harrisburg, PA 17105-8416

Important Information

*You can now renew your license online by pointing your browser to
www.mylicense.state.pa.us and following the instructions as indicated.
 Your license renewal will be processed more easily and more quickly than by mail.*

Please circle the appropriate response to the following question:

Since the pharmacy's initial application or last renewal, whichever is later, has an owner, partner, officer, or pharmacist manager been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or are any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. Yes No

*If your response to this question is "Yes", you must provide complete details on 8 ½" X 11" sheets of paper. Attach **certified** copies of relevant legal documents. Certified copies are available from the court in the jurisdiction where action is pending and/or was taken. Failure to provide proper attachments will delay the processing of this renewal.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of **Pharmacist Manager** or **Owner**: _____ Date: _____

Please print the name of the individual who signed above: _____

Reminder: A separate application must be filed with the Board of Pharmacy for any change in ownership or controlling interest, change in location, change in title (name), remodel or change of pharmacist manager.

EXPIRATION DATE:	August 31, 2015
FEE – \$125.00 check or money order made payable to the "COMMONWEALTH OF PENNSYLVANIA." Write the pharmacy permit number on the check or money order. Note: A \$20.00 fee will be assessed for returned payment. Fees are not refundable nor transferrable.	To ensure that your pharmacy permit is renewed by the expiration date, submit the renewal and fee by July 31, 2015. If renewals are postmarked after September 30, 2015, a reactivation application is required along with the \$5 per month late fee and a \$25 late renewal penalty.
Mail renewals to PO Box 8416, Harrisburg, PA 17105-8416. If using a <i>courier service</i> , mail the renewal to 2601 North Third Street, Harrisburg, PA 17110.	PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES. GAPS IN VALID PERMITS MAY ALSO CAUSE INSURANCE REIMBURSEMENT DIFFICULTIES.