



OFFICER FORM – MUST BE COMPLETED BY EACH OFFICER

- Submit a separate form for each managing officer.
- Managing officer is defined as one of the top four executive officers, including the corporate officer in charge of pharmacy operations, designated by the partnership/corporation to be jointly responsible for the legal operation of the pharmacy.
- Each individual owner, managing officer or partner (not a Texas licensed pharmacist) must attach a copy of their current driver’s license or state issued identification card and a copy of their social security card.

NAME OF PHARMACY (MUST MATCH NEW PHARMACY APPLICATION AND NAME ON OWNERSHIP FORM)		
PHYSICAL (INSPECTABLE) ADDRESS OF THE PHARMACY		
CITY	STATE	ZIP
FULL NAME OF MANAGING OFFICER	TITLE (Pres, VP, Manager, etc.)	License/Registration # (if applicable- RPH, MD, RN, etc.)
DATE OF BIRTH (XX/XX/XXXX)	*SOCIAL SECURITY NUMBER	
HOME ADDRESS (Street Number and Name)		HOME PHONE NUMBER
CITY	STATE	ZIP
<i>If you would prefer the home address to remain confidential, provide an Address of Public Record below</i>		
ADDRESS OF PUBLIC RECORD (which may be provided to the public)		ALTERNATE PHONE NUMBER
CITY	STATE	ZIP

***(Note: Disclosure of Social Security Numbers (SSN) is mandatory under Tex. Fam. Code. Ann. '231.302 (Vernon 1999). The SSN is provided to identify persons relative to enforcement of child support payments.)**

YOU MUST SUBMIT THE ORIGINALLY SIGNED & NOTARIZED FORM – COPIES/FAXES ARE NOT ACCEPTED

EACH OF THE FOLLOWING QUESTIONS MUST BE ANSWERED:		
1. Have you been the subject of <u>any</u> professional disciplinary action or are any such actions pending against you by a regulatory authority? (Examples: denial, surrender, revocation, reinstatement, suspension, fine, reprimand, probation, restriction). Include such information for <u>all</u> states, including Texas, and for all regulated professions.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
**If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and if applicable, the date of the termination of the condition and/or probation.		
2. For any criminal offense, including those pending appeal, have you ever:		
A. Been Arrested?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
B. Been charged with a crime but not arrested?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
C. Pled nolo contendere?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
D. Pled Guilty?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
E. Received deferred adjudication for a misdemeanor?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
F. Received deferred adjudication for a felony?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
G. Been convicted of a misdemeanor?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
H. Been convicted of a felony?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*In answering Questions #2A – H, include all offenses, even those for which you were subject to deferred adjudication. (Examples: assault, theft, theft by check, driving while license suspended, possession of controlled substances, public intoxication, DWI, driving under the influence of drugs.)		
3. Have you been subject to a court ordered probation or confinement as related to any offense?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
4. Have you served time in prison for any offense?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
5. Have you been convicted of a drug or alcohol related offense, or been subject to a deferred adjudication for this offense? (Examples: possession of controlled substances, public intoxication, DWI, driving under the influence of drugs).	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you answered "yes" to Questions #3-5, include the name and location of the court, the offense charged, a brief explanation of the offense, the date of action, and, if applicable, the date that probation or confinement ended.		
6. Are you a registered sex offender or have you ever been required to register as a sex offender in Texas or in any other state?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
7. Have you ever been licensed, certified, or registered with another State Board of Pharmacy as a pharmacist, pharmacist intern, or pharmacy technician?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you answered yes to Questions #7, please indicate the type of license, certification or registration that you received the dates of registration, and the registration number.		
8. ATTEST: I hereby attest that the foregoing statements, on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules. <i>THIS SIGNATURE MUST BE NOTARIZED</i>		
_____ Signature of Owner/Managing Officer	_____ Date	Subscribed and sworn before me this _____ Day Of
_____ Owner/Managing Officer's Name (Type or Print)	_____ Notary Public	