



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 ★ Austin, Texas 78701-3942
 512-305-8000 (voice) ★ 512-305-8075 (FAX)
 www.tsbp.state.tx.us

APPLICATION FOR TEMPORARY PHARMACIST LICENSURE

IMPORTANT: Please answer all questions carefully and completely. Any false statement knowingly made in seeking temporary licensure is good cause for licensure being denied. Upon approval of this request, notification will be sent to the sponsoring Texas pharmacy. If multiple sponsoring pharmacies, please attach list.

FIRST NAME		MIDDLE	LAST		
CURRENT TEXAS RESIDENT ADDRESS (Required)		CITY	STATE	ZIP	
HOME TELEPHONE		BUSINESS TELEPHONE		EMAIL ADDRESS	
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PROVIDE AN ADDRESS/TELEPHONE OF RECORD IF YOU WANT TO HAVE THE HOME/RESIDENT INFORMATION MAINTAINED CONFIDENTIAL					
ADDRESS OF RECORD		CITY	STATE	ZIP	TELEPHONE NUMBER
					()
DATE OF BIRTH	RACE/ETHNICITY	GENDER	DRIVER'S LICENSE NO. & STATE		
SOCIAL SECURITY NUMBER		<small>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.</small>			
COLLEGE OF PHARMACY		GRADUATION DATE		DEGREE	
STATES IN WHICH YOU ARE LICENSED:		LICENSE NUMBER(S)		IS THIS LICENSE ACTIVE AND IN GOOD STANDING? (Y or N)	
NAME OF SPONSORING PHARMACY		TX PHARMACY LIC. NO		TX EXPIRATION DATE	
ADDRESS		CITY	STATE	ZIP	TELEPHONE NUMBER
					()
SPONSORING PHARMACIST-IN-CHARGE		TX PHARMACIST LIC. #			TX EXPIRATION DATE
TELEPHONE NUMBER		EMAIL ADDRESS			
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I understand that this is a temporary license which expires on January 31, 2009. I hereby attest that the foregoing statements, on this form, or those on any attachments to this form, are to the best of my knowledge, true and correct and they are all given of my free will. I agree that any misstatements or omissions 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.

Signature of Applicant: _____ Date: _____