

INSTRUCTIONS AND REQUIREMENTS FOR PHARMACIST INTERIM LICENSE FOR MILITARY SPOUSE

Note: The Military Spouse may hold an interim pharmacist license only for the period during which the military service member to whom the military spouse is married is stationed at a military installation in this state, but not to exceed three years from the date of issuance of the interim license. The Pharmacist Interim License for Military Spouse is not renewable.

ELIGIBILITY REQUIREMENTS

See [Sec. 55.0041](#) for Recognition of Out-of-State License of Military Spouse.

GENERAL INSTRUCTIONS

The application must be mailed with original signature and notary, as well as supplemental documents. After the Board receives your application you will be notified in writing of any deficiencies.

PHARMACY RULES & LAWS

Information regarding Texas Pharmacy Rules & Laws can be obtained from the Texas State Board of Pharmacy web site or by purchasing a law book from LexisNexis.

TEXAS PHARMACY LAW BOOK -- NOT PROVIDED BY TSBP

[LexisNexis](#) or contact LexisNexis (800) 533-1637 to purchase the *Texas Pharmacy Rules and Regulations* text book

TEXAS PHARMACY RULES & LAWS

[Pharmacy Rules & Laws Online](#)

INSTRUCTIONS

Mail the following items to the Texas State Board of Pharmacy:

1. Completed Texas application;
2. Submit a copy of the Permanent Change of Station (PCS) orders;
3. A copy of your military identification card;
4. A copy of your marriage license;
5. Verification from the jurisdiction in which the military spouse holds an active pharmacist license that the military spouse's license is in good standing



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-500 ★ Austin, Texas 78701-3942

512-305-8000 ★ www.pharmacy.texas.gov

APPLICATION FOR PHARMACIST INTERIM LICENSE FOR MILITARY SPOUSE Temporary 3-year Non-Renewable License

Print or Type:

FIRST NAME		MIDDLE		LAST	
OTHER NAMES USED				DRIVER'S LICENSE NO. & STATE	
HOME ADDRESS (CONFIDENTIAL ADDRESS OF RECORD) You must provide a home address (confidential)					
STREET ADDRESS		CITY		STATE	ZIP
(AREA CODE) HOME TELEPHONE			(AREA CODE) BUSINESS TELEPHONE		
If you would prefer the home address to remain confidential, provide an Address of Public Record below					
ADDRESS OF PUBLIC RECORD (WHICH MAY BE PROVIDED TO THE PUBLIC)					
STREET ADDRESS		CITY	STATE	ZIP	(AREA CODE) ALTERNATE TELEPHONE
PLACE OF BIRTH		DATE OF BIRTH	RACE/ETHNICITY	GENDER	
SOCIAL SECURITY NUMBER		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.			
COLLEGE OF PHARMACY EDUCATION					
COLLEGE OF PHARMACY		GRADUATION DATE (MM/DD/YY)		DEGREE	STATE
RECIPROCATING FROM THE STATE OF:		LICENSE NO.		LIST OTHER STATES IN WHICH YOU ARE LICENSED	

NOTARIZED APPLICANT AFFIDAVIT

I, _____ hereby attest to the fact that the information on this form, as well as the information on any attachment(s) to this form, is to the best of my knowledge true and correct and that the information is given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of the Texas Pharmacy Act and subject me to the penalties set forth in the Act.

Signature of Applicant

Date

Signature of Notary

Subscribed and sworn to before me this _____ day of _____, A.D. 20 _____

Notary Public in and for _____ County, _____ State. My certificate expires _____