

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF PHARMACY

PHARMACY PERMIT REACTIVATION APPLICATION (Rev. 4/11)

Pharmacy Name: _____

Pharmacy Permit No.: _____

**State Board of Pharmacy
PO Box 2649
Harrisburg, PA 17105-2649**

Please circle the appropriate response to the following questions:

1. Has the pharmacy been in operation since the permit expired on 8/31/11? Yes No
2. **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 Question 2 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 reactivation.

I verify that this form 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 pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

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) or change of pharmacist manager.

EXPIRATION DATE:	August 31, 2011
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" Write the pharmacy permit number on the check or money order.	\$125 renewal fee, a \$25 reactivation fee and a \$5 per month late fee are due when renewing a pharmacy permit after August 31, 2011. A \$20.00 fee will be assessed for returned payment.
Mail renewals to PO Box 2649, Harrisburg, PA 17105-2649. If using a courier service, 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.