



Alabama State Board of Pharmacy  
 P O Box 381988  
 Birmingham, AL 35238-1988

Attach  
**RECENT PASSPORT PHOTO**  
 no larger than 2 1/2 x 3 1/4

**EXTERN/INTERN APPLICATION**

**APPLICATION MUST BE ACCOMPANIED BY SIGNED AFFIDAVIT FROM DEAN OR REGISTRAR OF YOUR SCHOOL OF PHARMACY AND AN EXTERN/INTERN PRECEPTOR FORM**

Name in full (handwritten): \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_** (if no, you must show you are legally present in the U.S. with appropriate documentation from the federal government).

Have you completed requirements for a degree in pharmacy? \_\_\_\_\_ If yes, date \_\_\_\_\_

If no degree received, date **EXPECTED** to complete requirements for a degree in pharmacy \_\_\_\_\_

Have you ever been registered as a pharmacy technician in Alabama? \_\_\_\_\_ If yes, give technician registration # \_\_\_\_\_

**PRE-PHARMACY:**

**COLLEGE ATTENDED**

**DATES OF ATTENDANCE**

1<sup>st</sup> Year \_\_\_\_\_

2<sup>nd</sup> Year \_\_\_\_\_

3<sup>rd</sup> Year \_\_\_\_\_

4<sup>th</sup> Year \_\_\_\_\_

**PHARMACY:**

**COLLEGE ATTENDED**

**DATES OF ATTENDANCE**

1<sup>st</sup> Year \_\_\_\_\_

2<sup>nd</sup> Year \_\_\_\_\_

**ANSWER ALL QUESTIONS YES OR NO. IF YES, PLEASE EXPLAIN**

1. Have you been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain \_\_\_\_\_
2. Have there been any charges made or pending involving moral turpitude or violation of pharmacy, liquor or narcotic laws?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain \_\_\_\_\_
3. Have you been arrested and/or convicted of violating any laws regulating controlled substances or prescription legend drugs?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain \_\_\_\_\_
4. Have you ever been licensed or permitted, in any other state as a pharmacist, pharmacy technician or any other position requiring a license or permit from a pharmacy board or requiring a permit involving dispensing controlled substances?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If so, what is the status of license? \_\_\_\_\_
5. Has any license or permit issued to you been sanctioned? (This includes, but is not limited to, pharmacy).  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain \_\_\_\_\_
6. Are there currently any pending investigations or charges regarding any permit or license issued to you?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain \_\_\_\_\_
7. Have you ever been denied or refused any professional or vocational license, permit, or registration? (All inclusive)  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain \_\_\_\_\_
8. Are you currently or have you ever undergone treatment for alcohol or substance abuse?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, list each state and give status of treatment \_\_\_\_\_

**I understand that I must comply with the provisions of the Alabama Practice Act, Rules of the Board and all other applicable statutes and rules. I affirm that all information provided herein is true and correct and I recognize that providing false information may result in disciplinary action.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Subscribe and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ A. D.

**APPLICATION MUST BE NOTARIZED.** Notary Public \_\_\_\_\_ (Seal)

**NOTIFY THE BOARD IN WRITING, WITHIN 10 DAYS, IF A CHANGE OF EMPLOYMENT OR CHANGE OF ADDRESS OCCURS.**