MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091

DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
NON-RESIDENT ENTITY LICENSE VERIFICATION AFFIDAVIT

APPLICANT

1. Complete items 1-6 only. The remaining portion of the form should be completed by your regulatory licensing agency. An Online primary source verification from the state's official website is acceptable in lieu of this form if the verification shows disciplinary history.
2. Forward the forms to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.
3. DO NOT RETURN the forms to the Missouri Board of Pharmacy unless they have been completed by the state in which you are located.

ORIGINALS ARE REQUIRED WITH BOARD SEAL – COPIES WILL NOT BE ACCEPTED

1. **3PL/DRUG OUTSOURCER DBA NAME**	LICENSE NUMBER

2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. APPLICANT NAME (CORPORATION, PARTNERSHIP, SOLE PROPRIETOR, LLC, LLP)

4. I HEREBY AUTHORIZE THE _____ *(STATE TO WHICH SENDING FORM)* TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.

5. SIGNATURE OF SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER OF APPLICANT	6. PRINT NAME

DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY

LICENSE NUMBER	LICENSE STATUS	DATE LICENSE ISSUED	DATE LICENSE EXPIRES

HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY?	TYPE OF DISCIPLINE			
☐ YES ☐ NO	☐ REVOKED	☐ SUSPENDED	☐ PROBATION	☐ CENSURE
	☐ LIMITED	☐ RESTRICTED	☐ SURRENDERED	

ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS

ATTACH COPY OF MOST RECENT INSPECTION REPORT CONDUCTED BY HOME STATE BOARD OF PHARMACY

BOARD SEAL AREA *(AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)*	**RETURN COMPLETED FORM TO:**
	MISSOURI BOARD OF PHARMACY P.O. BOX 625 JEFFERSON CITY, MO 65102

SIGNATURE	TITLE	STATE	DATE

MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091

DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

PHARMACIST LICENSE VERIFICATION AFFIDAVIT

APPLICANT

1. Complete items 1-6 only. The remaining portion of the form should be completed by your regulatory licensing agency. An Online primary source verification from the state's official website is acceptable in lieu of this form if the verification shows disciplinary history.
2. Forward the forms to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.
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1.SUPERVISING PHARMACIST NAME *(Licensee to be verified)*	LICENSE NUMBER

2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. NAME OF DRUG OUTSOURCER WHERE SERVING AS SUPERVISING PHARMACIST

4.DRUG OUTSOURCER ADDRESS

5. I HEREBY AUTHORIZE THE _____ *(STATE TO WHICH SENDING FORM)* TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.

6. SIGNATURE OF SUPERVISING PHARMACIST	PRINT NAME

DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY

LICENSE NUMBER	LICENSE STATUS	DATE LICENSE ISSUED	DATE LICENSE EXPIRES

HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY?	TYPE OF DISCIPLINE
☐ YES ☐ NO	☐ REVOKED ☐ SUSPENDED ☐ PROBATION ☐ CENSURE ☐ LIMITED ☐ RESTRICTED ☐ SURRENDERED

ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS

BOARD SEAL AREA *(AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)*	**RETURN COMPLETED FORM TO:** ***Please return completed form to the applicant for submission with the application.***

SIGNATURE	TITLE	STATE	DATE