VERIFICATION OF LICENSE - PHARMACIST

Access this form via website at: **cca.hawaii.gov/pvl**

Board of Pharmacy
Department of Commerce and Consumer Affairs
PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

TO BE COMPLETED BY APPLICANT:

APPLICANT

Name (First-Middle)	(Last)	
Address (Include apt. no., city, state and zip code) - **REQUIRED**	Social Security No.	License Number
	Date of Birth	Date Issued

I hereby authorize the licensing agency of the state of ______________________________ to furnish the information below to the State of Hawaii Board of Pharmacy.

SIGN HERE: ______________________________ Date: ______________________________

TO BE COMPLETED BY LICENSING AGENCY:

LICENSING AGENCY ONLY

This is to certify that the above-named individual was issued license number ______________________________ to practice as a pharmacist.

Date issued: ______________________________

Date license/certificate expires: ______________________________

License status:
- ☐ current
- ☐ lapsed since: ______________________________
- ☐ inactive since: ______________________________

Has this license/certificate ever been sanctioned in any way (revoked, suspended surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? . . . . [ ] YES [ ] NO
(Please explain "yes" response and ***attach*** *copy of Board's order and related information.)*

Do your files contain any derogatory information on this applicant? . . . . [ ] YES [ ] NO
(Please explain "yes" response and ***attach*** *copy of Board's order and related information.)*

COMMENTS:

Signature: ______________________________	*BOARD SEAL*
Title: ______________________________	
State: ______________________________	
Date: ______________________________	

TO THE APPLICANT: Attach original with Board's seal to your application form, or the licensing agency may send directly to the Board.

THIS FORM MAY BE DUPLICATED

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.