



Secretary of State

Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-1640

Cathy Cox
SECRETARY OF STATE
www.sos.state.ga.us

Mollie L. Fleeman
DIVISION DIRECTOR
Professional Licensing Boards Division

INFORMATION SHEET FOR APPLICATION FOR REGISTRATION TO OBTAIN, POSSESS, OR CONDUCT RESEARCH, TEACHING, ANALYSIS OR DRUG DOG DETECTION/TRAINING WITH CONTROLLED SUBSTANCES

To register with Georgia State Board of Pharmacy, please submit the completed application along with the required **non-refundable application** fee of **\$50.00** made payable to the Georgia State Board of Pharmacy to the following address:

Georgia State Board of Pharmacy
237 Coliseum Drive
Macon, GA 31217-3858
(478) 207-1640

The Georgia State Board of Pharmacy **requires an inspection of the facility** prior to the issuance of a license. After the completed application is received in the office of the Georgia State Board of Pharmacy and you have received an acknowledgement letter, please contact the Georgia Drugs and Narcotics Agency to schedule a time and day for the facility to be inspected. The Georgia State Board of Pharmacy **will only issue** the registration license upon receipt of a **favorable report** from the Georgia Drugs and Narcotics Agency.

Allow a minimum of four (4) weeks for the processing of the application and issuance of the registration. **Rule 480-7-.04** gives the requirements for registration.

Any changes in the location of the facility, the primary individual in charge/responsible for the protocol of the program, the change or the drugs utilized requires the filing of a **new application** and the payment fee of a **\$50.00** application fee. **A change in the name of the facility only is \$10.00.** **The application fee is non-refundable.**

The primary individual in charge/responsible for the protocol for the program must attach to the application **evidence of US citizenship** (birth certificate) alien status (VISA) status under the Work Opportunity and Personal Responsible Act of 1996. **Also, attach a brief resume and a current photo.**

All licenses expire on June 30th of the even-numbered years. **Licenses are not transferable.**

If you are applying for a change in ownership and a change in name, or for a change in ownership, change in name, and a change in location a new license number will be issued.

All applications will be held in this office for **SIX (6) MONTHS**; if it is not processed during this time due to negligence of the applicant, the application will be **VOIDED**.

If you have any questions concerning the application or requirements, please contact the Georgia State Board of Pharmacy at (478) 207-1686.



Client # _____
Amount Pd. _____
Initials _____

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\$50.00 Non-Refundable Application Fee

APPLICATION FOR REGISTRATION TO OBTAIN, POSSESS, OR CONDUCT
RESEARCH, TEACHING, ANALYSIS, OR DRUG DOG DETECTION/TRAINING
WITH CONTROLLED SUBSTANCES

1. Name and address of the institution/agency/facility. If mailing is a P.O. Box, you will need to indicate a physical location also.

(Name of institution/agency/facility)

(Business Address)

(City)

(State)

(Zip Code)

2. Telephone Number _____ Federal Tax ID Number _____

3. Is this application being made for a new registration? () Yes () No

If no, please answer the appropriate questions below:

- (A) Due to a change of location? () Yes () No

If yes, indicate previous location: _____

- (B) Due to a change of the primary individual in charge/responsible for protocol? () Yes () No

If yes, indicate name of the individual previously in charge/responsible and name of the individual now

In charge/responsible: _____

(C) Do you wish to retain previous license/permit number? () Yes () No
If yes, please indicate current license/permit number: _____

(D) Due to a change in the Schedule(s) of drugs utilized? () Yes () No

If yes, indicate Schedule(s) previously utilized and the Schedule(s) now utilized. _____

4. List below the name of the primary person in charge/responsible for the protocol of the program:

NAME

5. List the drugs (generic names) and the controlled substance schedule numbers that will be used:

6. List the approximate amount of drugs to be used per year _____

7. Provide a brief description of the protocol for this program _____

8. From where will the controlled substances utilized in this program be obtained: _____

9. Brief description of the security procedures to be used to secure controlled substances used in this program:

The attached personal data sheet must be completed by the primary individual in charge/responsible for the protocol of the program along with proof of US citizenship.

PERSONAL DATA SHEET

All persons in charge/responsible for the protocol of the program must complete this form.

Attach a brief resume of scientific education and/or training and or/or degrees. Include present and former employers within the past ten years, giving address of each and date of employment. (If law enforcement agency, submit copies of training certificates pertaining to drug dog handling.)

Also attach evidence of US citizenship or eligible alien status under the Work Opportunity and Person Responsibility Act of 1996.

1. _____ Title _____
(Last) (First) (Middle)

2. _____
(Address) (City) (State) (Zip Code)

3. _____
(Date of Birth) (Social Security Number)

4. Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are **not** minor traffic violations.) () Yes () No **If yes, please attach an explanation and have official documents sent to the Board office.**

5. Have you ever had a research permit issued by any State, Federal, or local government revoked, suspended, or otherwise sanctioned? () Yes () No If yes, provide copies of the official documents pertaining to this matter.

6. **Please initial** the following statement indicating your acknowledgement.

I am aware that the above information is in connection with application to obtain, possess, or conduct research with controlled substances and the furnishing of false or misleading information in such matters is a felony under Georgia Law. I hereby authorize the Georgia State Board of Pharmacy to receive any criminal history information pertaining to me which may be in the files of any local, State, or Federal criminal justice agency.

AFFIDAVIT

I swear that all statements made on the application for registration and personal data sheet are true and correct and that all provisions of the law and regulations pertaining to this registration will be faithfully observed during the period of time any license may be in force and effect.

(Signature)

Sworn to and subscribed before me

this __ day of _____,

20____.

(ATTACH CURRENT PHOTO HERE)

(Notary Public)
My Commission Expires _____
(seal)