

List Request Form

☞ Fee: \$100.00 per list **** (Cashier's Check or Money Order ONLY).**

☞ Lists will be e-mailed in EXCEL format to address provided below.

*Name of person requesting list: _____

*Name of company (if applicable): _____

*Address of company: _____

***E-mail address:** _____

*Contact phone number: () _____

Items with an asterisk are required before a list will be provided

***License Type (check all being requested - each box a separate list and fee):**

Pharmacist:

Pharm Tech/Trainee:

Wholesaler:

Pharmacy:

Dispensing Practitioner:

MDEG:

APN/PA:

Controlled Substance:

Intern RPh:

Below is the list of items that will appear on each list:

Licensee Name (Last, First or Business)

Address (all fields)

License Number, Expiration Date, Phone # (business license **ONLY**)

There are no other fields available

*Please provide a written explanation for the purpose of which the requested list(s) may be used: _____

*Please allow approximately 10 business days from receipt to process your request, except April thru November, **allow 4-6 weeks.**

Board use only:

Date Received

Amount

Date e-mailed