

# Optional Form For Reporting Jurisdictions of Licensure

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603 TTY users call Maine relay 711 FAX (207) 624-8637

Web address: <a href="https://www.maine.gov/professionallicensing">www.maine.gov/professionallicensing</a>

Email: <a href="mailto:pharmacy.lic@maine.gov">pharmacy.lic@maine.gov</a>

If you hold or have held a professional license (including a professional pharmaceutical license) in another state or jurisdiction, you must disclose each State of licensure.

In addition, for each State of licensure disclosed, you must disclose any disciplinary action that the State of licensure may have imposed on your license and provide a copy of the consent agreement or order.

Including this page, use as many pages of this reporting packet as needed.

Printed Name of Company (Print)

Type of License Applying For (Please Check One)	
The state of the s	nufacturer
FEIN or SSN (Print)	
APPLICANT'S CERTIFICATION AND SIGNATURE  Read the statement below and sign where indicated as your certification ed on this application. Applications that are incomplete, altered (including defaced, or compromised will not be accepted and will be returned. This to, unanswered questions, lack of appropriate signature, information is insupporting documents, and/or missing or wrong fee.  By my signature, I hereby certify that the information provided on this apprate to the best of my knowledge and belief. By submitting this application Maine Board of Pharmacy will rely upon this information for issuance of information is truthful and factual. I further understand that sanctions may	ng use of any white out), s includes, but not limited llegible, missing required oplication is true and accurate I understand that the my license and that this
information is truthful and factual. I further understand that sanctions madenial, suspension or revocation of my license, if this information is four	
Printed Name of Applicant	Title
Signature of Applicant	Date

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#### **APPLICANT NAME (Print):**

1. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
2. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
3. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
4. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
5. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
6. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
7. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)

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8. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed— Ans. (Yes or No)
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10. State, Territory,	License Number/	Date Issued	Expiration Date	Was Discipline
Country	Lic Type		,	Ever Imposed - Ans. (Yes or No)
11. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
12. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
13. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
14. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)

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15. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed— Ans. (Yes or No)
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19. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
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21. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)

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22. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed— Ans. (Yes or No)
23. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
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26. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
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28. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)

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29. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed— Ans. (Yes or No)
30. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)
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35. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed - Ans. (Yes or No)

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36. State, Territory, Country	License Number/ Lic Type	Date Issued	Expiration Date	Was Discipline Ever Imposed— Ans. (Yes or No)
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