

**2019-2020 Renewal Notice  
North Dakota State Board of Pharmacy**



**Mark J. Hardy, PharmD**  
**Executive Director**  
**1906 East Broadway Ave**  
**Bismarck ND 58501-4700**  
**Phone: 701-328-9535**  
**E-mail: [mhardy@ndboard.pharmacy](mailto:mhardy@ndboard.pharmacy)**  
**[www.nodakpharmacy.com](http://www.nodakpharmacy.com)**

	<b>BEFORE MARCH 1<sup>ST</sup></b>	<b>AFTER MARCH 1<sup>ST</sup></b>
<b>In State</b>	\$100.00	\$125.00
<b>Inactive In State (Not Practicing)</b>	\$ 75.00	\$100.00
<b>Out of State</b>	\$ 35.00	\$60.00

\_\_\_\_\_  
 1<sup>st</sup> Name                      Mid Initial                      Last

**License RPh**\_\_\_\_\_

\_\_\_\_\_  
 Mailing Address

**NABP e-profile #** \_\_\_\_\_

\_\_\_\_\_  
 City                                      State                                      Zip

**PLEASE GO ONLINE [www.NODAKPHARMACY.COM](http://www.NODAKPHARMACY.COM) LEFT-HAND SIDE RENEW OR COMPLETE AND RETURN WITH REMITTANCE**

**1. Place of Employment** \_\_\_\_\_

**Address** \_\_\_\_\_  
                                          Street or Box #                                      city                                      State                                      Zip

**Business Phone** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**2. Pharmacist's Practice – Circle Appropriate Practice(s):** Retired    or    Not Practicing  
 Chain                      Clinic                      Government                      Hospital                      Independent                      Non-Pharmacist Employment

**3. Consultant Pharmacist to:** \_\_\_\_\_

**Address** \_\_\_\_\_

4. Have you been convicted in the court of general jurisdiction of any felony or misdemeanor ?    YES    NO

5. Are there any restrictions taken or pending against you?    YES    NO

6. By signing, I certify that I am in compliance with Continuing Education requirements set forth in ND Laws & Rules. I also certify that this information is true and correct to be the best of my knowledge. You understand that providing false information is grounds for denial, suspension or revocation of a license.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ALL LICENSES EXPIRE MARCH 1<sup>ST</sup>**

**Do Not use the P O Box for Registered/Certified etc any other way but regular 1<sup>st</sup> class  
 Street Address is: 1906 E Broadway Ave in Bismarck ND 58501 Thank You For Your Cooperation**