

**2026-2027 Renewal Notice  
North Dakota State Board of Pharmacy**



**Mark J. Hardy, PharmD Executive Director**  
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 Bismarck ND 58503  
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[www.nodakpharmacy.com](http://www.nodakpharmacy.com)

In State  
 Inactive In State  
 (Not Practicing)  
 Out of State

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

\_\_\_\_\_  
 Full Name

License No. \_\_\_\_\_

NABP eProfile #: \_\_\_\_\_

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

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

**PLEASE GO ONLINE [www.NODAKPHARMACY.COM](http://www.NODAKPHARMACY.COM) LEFT-HAND SIDE RENEW  
 CHOOSE PHARMACIST [PEOPLE] REMEMBER TO USE THE PREFIX RPH  
 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

Select Appropriate Status:  Employee  Proprietor  Inactive  Retired

2. Pharmacist's Practice – Select Appropriate Practice(s):

Chain  Clinic  Government  Hospital  Independent  Non-Pharmacist Employment

Other: \_\_\_\_\_

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

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

5. 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>**

**Street Address is: 1838 E Interstate Ave Suite D in Bismarck ND 58503**

Thank You For Your Cooperation