

2025-2026 Renewal Notice North Dakota State Board of Pharmacy



**Mark J. Hardy, PharmD Executive
Director**
1838 E Interstate Ave Suite D
Bismarck ND 58503
Phone: 701-877-2404
E-mail: MHardy@ndboard.pharmacy
www.nodakpharmacy.com

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

BEFORE MARCH 1 ST	AFTER MARCH 1 ST
\$100.00	\$125.00
\$ 75.00	\$100.00
\$ 35.00	\$60.00

Full Name

License No. _____

NABP eProfile #: _____

Mailing Address

City

State

Zip

**PLEASE GO ONLINE 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 1ST

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

Thank You For Your Cooperation