

## Written Verifications of Licensure Requirements:

1. The state's form or ND's Form following the instructions
2. \$25 Fee
3. Self-addressed Return Envelop

IF sending this registered / certified / Return Receipt etc  
**do not mail to the P O BOX** – use the street address:

ND Board of Pharmacy  
1906 East Broadway Ave  
Bismarck ND 58501

**DO NOT put the P O BOX any where on the street address or the post office will hold it hostage – we are a two person office and do not have time to stand in line at the post office to sign for it. We will let it go back.**

Instructions: Complete the top half of the following form – send to the ND State Board of Pharmacy.

The Board will complete the bottom half – affix our state seal and return it to you in the required self-addressed return envelop you have enclosed with it.