Arkansas State Board of Pharmacy
101 East Capitol, Suite 218
Little Rock, AR 72201
501-682-0190 Fax 501-682-0195
www.arkansas.gov/asbp

Request for Waiver for Applicants for a License/Registration Issued by the Arkansas State Board of Pharmacy

Name: _____
Last First Middle Initial

Social Security Number: _____

Application for a License Registration:
(Check one)

☐ Pharmacist by examination ☐ Pharmacist by reciprocity
☐ Pharmacy Intern ☐ Pharmacy Technician

Nature of Crime or Disciplinary Action:
(Check all that apply)

☐ Disciplinary action
☐ License suspension (other than a driver's license)
☐ Registration suspension
☐ License revocation (other than a driver's license)
☐ Registration revocation
☐ Criminal conviction
☐ Felony
☐ Misdemeanor

Did the crime or disciplinary action involve the practice of pharmacy? ☐ YES ☐ NO

In what state did the disciplinary action or crime occur? _____

Current Status:
(Check all that apply)

☐ License reinstated (other than a driver's license)
☐ Registration reinstated
☐ On probation
☐ On parole
☐ Pardoned
☐ Record expunged or annulled
☐ Restitution completed

_____
Applicant's Signature Date