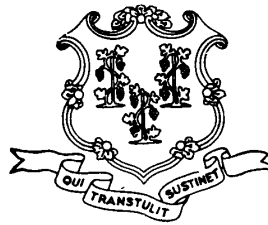


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 DRUG CONTROL DIVISION
 Telephone: (860) 713-6065
 Email: drug.control@ct.gov
 Web Site: www.ct.gov/dcp



For Official Use Only

Temporary Permit to Practice Pharmacy

INSTRUCTIONS:

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order in the amount of \$200.00**, made payable to "**Treasurer, State of Connecticut**". Application fees are non-refundable.

This permit shall expire at the time the person is licensed as a pharmacist, but no later than six months form the date of issue. This permit is not transferrable or renewable.

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Please check (✓) preferred address for mailing: Residence Pharmacy

First Name		Middle Initial	Last Name		<input type="checkbox"/> Male
					<input type="checkbox"/> Female
Residence Street Address			City	State	Zip Code
Telephone Number (w/ area code)	Email Address		Social Security Number		Date of Birth
Current State of License				License Number	
Name of Licensed Pharmacy where Employed				CT Pharmacy License Number	
Pharmacy Street Address			City	State	Zip Code
Have you submitted your completed official application for reciprocity to the State of Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.					
Is your license in good standing in your present state(s) of licensure? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.					
Are there any disciplinary actions pending against your current pharmacist license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Has the applicant ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a statement indicating the type(s) of crime(s) for which you were convicted, the date(s) and court(s) where the conviction(s) occurred and a description of the circumstances.					

I have read the above statement and it is true to the best of my knowledge. I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Commissioner of Consumer Protection or any person designated by the commissioner in the performance of their official function, I will be in violaion of Section 53a-157b of the Connecticut General Statutes.

 Signature of Applicant

 Date