



Arkansas State Board of Pharmacy

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John Clay Kirtley, Pharm.D., Executive Director



Request for Waiver

Name:

SSN#:

_____ Last

_____ First

_____ Middle Initial

Type of Application for a License/Registration:

(Check one)

Pharmacy Technician

Pharmacist by Examination

Pharmacy Intern

Pharmacist by Reciprocity

Nature of Crime or Disciplinary Action:

(Check all that apply)

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

Nature of Treatment or Rehabilitation:

(Check all that apply)

- Alcohol Treatment
- Drug Treatment
- Mental Health Disorder
- Other Treatment/Rehabilitation Program

Did the incident above involve the practice of pharmacy?

NO

YES

In what state did this incident occur?

Current Status:

(Check all that apply)

- License reinstated (other than a driver's license)
- Ongoing Treatment/Rehabilitation
- Registration reinstated
- Completed Treatment/Rehabilitation
- On Probation
- In an Aftercare Program
- On Parole
- Mental Health Disorder Treatment ongoing
- Record expunged, sealed, or annulled
- Restitution completed

Applicant's Signature

Date

In addition to the above information, you will need to submit this documentation:

- A Notarized Statement** that needs to describe in detail and in your own words the circumstances of the incidents and your efforts to rehabilitate since that time. Notaries can usually be found at banks and libraries. Statements can also be notarized by most Board staff.
- Evidence of Compliance** with the terms of probation, parole, restitution, treatment, or any other sanctions/limitations imposed upon you. Some examples may be court documents showing fines paid, certificates for court-mandated classes, certificate of rehab completion, a progress report from a treating physician/counselor.
- Certified Copies of Court Documents** of judgments, orders, final rulings, docket sheets, or any other documentation that shows the disposition, resolution, or outcome of each criminal charge against you. Please contact the court where your case was held to request these documents. If the court cannot provide you with the requested documents, please provide a letter from them stating that no records exist. (Documents only required for applicants with criminal/disciplinary action issues.)
- A signed **Medical Release Form** (only required for applicants disclosing treatment/rehabilitation issues.)

* All documentation can be emailed, mailed, or faxed to the Board. *

The Board will take no further action on your application until all of the above documents have been received.