

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056
pharmacy@ks.gov Fax (785) 296-8420

REGISTRATION APPLICATION:

Duplicate Wall License –
Pharmacists Only
Form LA-85

INSTRUCTIONS

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff.

Wall certificates are printed, signed, and mailed on a quarterly basis, usually around January, April, July and October each year.

In accordance with K.S.A. 65-1644, the Board may only issue duplicate wall certificates as a result of loss or destruction.

FEES

Enclose a check or money order payable to the Kansas State Board of Pharmacy for \$10.00. Fees are nonrefundable.

LICENSE INFORMATION

First Name	Middle Name	Last Name	
Kansas License Number			
Address			
City	State	Zip	County
Home Phone	Cell Phone	Email	

ORIGINAL CERTIFICATE

Name Printed	
Date Issued	Original Kansas License Number
Reason for Request	

APPLICANT CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form, that the wall certificate referenced above has been lost or destroyed and has not been given away or disposed of to some other person, and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

Initials: _____	OFFICE USE ONLY		
Permit #: _____	Fee: \$ _____	Date: _____	Check #: _____