

**STATE BOARD OF PHARMACY**

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Topeka, Kansas 66612-1244
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REGISTRATION APPLICATION:

**Original Wall License –
Pharmacist Only
Form LA-100**

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.

LICENSE INFORMATION

First Name		Middle Name		Last Name	
Kansas License Number (if known)					
Address					
City		State	Zip	County	
Home Phone		Cell Phone		Email	
Name as you would like it printed on your certificate:					

EMPLOYER INFORMATION

Facility Name		Facility Registration Number			
Physical Address (non-residential, no PO Box)					
City		State	Zip	County	
Phone		Facility Contact Person		Employment Start Date	

APPLICANT CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE _____

DATE SIGNED _____

Initials: _____	OFFICE USE ONLY	
Certificate #: _____	License Date: _____	Exam or Reciprocity