



**Arkansas State Board of Pharmacy**  
**322 South Main Street, Suite 600**  
**Little Rock, AR 72201**  
501-682-0190 ♦ Fax 501-682-0195  
www.pharmacyboard.arkansas.gov

## 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