FOR OFFICE USE ONLY

Approved by

_____

Date

_____

Kentucky Board of Pharmacy
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort, KY 40601
Email: pharmacy.board@ky.gov

Phone: 502-564-7910 Fax: 502-696-3806

APPLICATION FOR PHARMACIST CERTIFICATION FOR OPIOID ANTAGONIST DISPENSING

Incomplete or illegible applications will be returned to applicant for correction.

Name_____ RPh License No_____

Street_____

City_____County_____State_____Zip_____

E-mail Address_____ Home Phone_____

Birthdate_____ Social Security Number XXX-XX-_____

THE APPLICATION MUST BE DATED AND SIGNED.

_____ _____

DATE SIGNATURE