



**Secretary of State  
Office of Professional Regulation**

**PHARMACY  
Affirmation**

Name of Drug Outlet or Pharmacy			
Your Name			
Your Address City, State, Zip			
Date of Birth		Email Address	

**Check Applicable position or title:**

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Corporate Officer
<input type="checkbox"/> Director	<input type="checkbox"/> Pharmacist-Manager	<input type="checkbox"/> Other

**The Board's Rules require an Affirmation by the sole proprietor, or all partners, or corporate officers and directors, and the pharmacist-manager (or contact person at a wholesale or manufacturing facility), that they have not been convicted of, and are not under indictment for, any felony or misdemeanor arising from the violation of any drug or pharmacy related law.**

Have you been convicted of, or under indictment for, any felony or misdemeanor arising from the violation of any drug or pharmacy related law? <b>If "Yes," attach court documents.</b>	Yes	No
Has Vermont, any other state, territory, or other jurisdiction restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <b>If "Yes," provide a certified copy of the action.</b>	Yes	No
Has Vermont, any other state, territory, or other jurisdiction denied your application for a license, certificate, or registration in any profession or occupation? <b>If "Yes," provide a certified copy of the order or official notification of the Board action.</b>	Yes	No

**CERTIFICATION OF APPLICANT**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration. (The maximum penalty for perjury is Fifteen years in prison and/or a \$10,000 fine.) (3 V.S.A. §2901)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(year)

\_\_\_\_\_  
**Notary Public** **Commission Expires:** \_\_\_\_\_