

Applicant's Name: \_\_\_\_\_

9901/001 Application \$ 136



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH RELATED BOARDS  
227 FRENCH LANDING, SUITE 300  
HERITAGE PLACE METRO CENTER  
NASHVILLE, TENNESSEE 37243  
PHONE: (615) 741-2718 FAX: (615) 741-2722  
<http://health.state.tn.us/boards/pharmacy/>

## BOARD OF PHARMACY

### APPLICATION FOR WALL CERTIFICATE/INITIAL TENNESSEE LICENSE FEE

Date (mm/dd/yyyy) (     /     /     )

PRINT NAME CLEARLY AS YOU WISH IT TO APPEAR ON WALL CERTIFICATE Soc. Sec #

Mailing Address City

County State Zip Code Telephone ( )

Business Name Telephone ( )

Business Address City State Zip Code

- **This form must be received in the TN Board with appropriate fees before a license number can be issued.** You cannot practice Pharmacy until you have a license number. Please notify the board of any employment changes. A wallet size and 6 x 9 license will be issued upon approval. You will receive a Wall Certificate in approximately 2 to 3 months.