



# NORTH CAROLINA BOARD OF PHARMACY

6015 FARRINGTON ROAD, SUITE 201  
CHAPEL HILL, NC 27517  
PHONE 919.246.1050 / FAX 919.246.1056  
[www.ncbop.org](http://www.ncbop.org)

## ORDER FOR CERTIFICATE OF REGISTRATION

*(Top portion can be completed electronically)*

License #: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Mailing Address (Street or PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Licensed by:  Examination

Reciprocity; State: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

### DO NOT USE THIS SPACE

Date Received:

Fee Paid:

Date Ordered:

Mailed:

Original

Duplicate

PLEASE NOTE: If this order is for the replacement of your certificate which has been lost or destroyed, please use the lower portion of this order form for an affidavit describing the loss or destruction of your original certificate.

If this order is for a duplicate because of fading signatures or a name change, the original certificate **must** be submitted to the Board office, along with this form and fee, before this can be accomplished.

The fee for the replacement of a certificate is twenty-five dollars (\$25.00). The NC Board of Pharmacy accepts Visa, MasterCard, Discover, and American Express. **Scroll down to the next page for a credit card authorization form that should be completed and sent in with this order form. Fees are non-refundable and payment is processed when this form is received in the Board office.**

### **\*AFFIDAVIT\***

*(Use reverse side of this form if further statement is necessary)*

Signed: \_\_\_\_\_

Subscribed and sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_



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## AUTHORIZATION FOR CREDIT CARD CHARGE

***THE NC BOARD OF PHARMACY ONLY ACCEPTS PAYMENT VIA VISA, MASTERCARD, DISCOVER, OR AMERICAN EXPRESS.  
NO CHECKS OR CASH ACCEPTED.***

**FEE FOR REPLACEMENT CERTIFICATE IS \$25.00.**

***YOUR CREDIT CARD WILL BE CHARGED WHEN THIS FORM IS RECEIVED IN THE BOARD OFFICE.  
ALL FEES ARE NON-REFUNDABLE.***



CREDIT CARD NUMBER (VISA, MC, or DISCOVER):



CREDIT CARD NUMBER (AMERICAN EXPRESS):

EXPIRATION DATE (mm / yyyy):

 / 

NAME (exactly as it appears on the credit card):

BILLING ADDRESS:

ADDRESS LINE 2:

CITY:

STATE:

ZIP:

PHONE NUMBER (will only be used in case of card processing problems):

EMAIL ADDRESS:

SIGNATURE: \_\_\_\_\_

**THIS FORM WILL BE DESTROYED IMMEDIATELY FOLLOWING PROCESSING OF PAYMENT.**