



STATE BOARD OF PHARMACY

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

REGISTRATION APPLICATION:

**Original Wall License –
Pharmacist Only
Form LA-100**

INSTRUCTIONS

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff.

Wall certificates are printed, signed and mailed on a quarterly basis, usually around January, April, July and October each year.

LICENSE INFORMATION

First Name	Middle Name	Last Name	
Kansas License Number (if known)			
Address			
City	State	Zip	County
Home Phone	Cell Phone	Email	
Name as you would like it printed on your certificate:			

EMPLOYER INFORMATION

Facility Name	Facility Registration Number		
Physical Address (non-residential, no PO Box)			
City	State	Zip	County
Phone	Facility Contact Person	Employment Start Date	

APPLICANT CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

Initials: _____	OFFICE USE ONLY		
Certificate #: _____	License Date: _____	Exam	or Reciprocity