

## Arkansas State Board of Pharmacy

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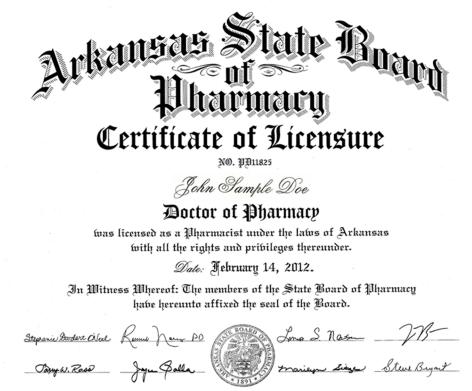


## Wall Certificate Request Form Cost: \$10.00

Pharmacist Name:	
License Number:	
Date of Licensure:	

Name will appear as printed above unless otherwise specified. Please print legibly.

An example of the wall certificate is below. Each certificate has your name, license number, and licensure date written in and is signed by all current board members. Size is approximately 17" W by 14" H.



Wall Certificates are ordered from Herff Jones and make take a month or more before they are received by the Board. The Board will then send them out to the mailing address we have on file for the licensee.

## FOR OFFICE USE ONLY

Fee Submitted: \$10 Check No.: