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Contact person to clarify information provided on this application:

Name _____

Telephone: _____

Fax: _____

E-mail _____

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ATTESTATION OF SUPERVISING PHARMACIST – PERSON NAMED IN ITEM 4

I hereby certify that I have full knowledge of my responsibilities and will discharge these responsibilities to the best of my ability and that I am not the supervising pharmacist of any other establishment registered by the Board of Pharmacy.

Print Name: _____

Ruben I Satir

Signature of supervising pharmacist _____

Ruben I SatirDate 10 / 7 / 24

Month

Day

Year

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ATTESTATION**REGISTRANT**

The undersigned affirms under penalty of perjury that the answers and statements that he/she has made in the above application are true and have been made and given with the intent of having the New York State Education Department and the New York State Board of Pharmacy rely on the truth thereof.

Print Name: _____

Title: _____

Signature of registrant _____

(Individual Owner, Partner, Corporate Officer, Member or *Other Authorized Person)

Date _____ / _____ / _____

Month

Day

Year

*Power of attorney must be submitted.

NOTARY

State of _____

County of _____

On the _____ day of _____ in the year _____, before me personally appeared the above registrant _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application, and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct and have been made and given with the intent of having the New York State Education Department and the New York State Board of Pharmacy rely on the truth thereof.

Notary Public signature _____

Notary Commission Expires: _____ / _____ / _____

Month

Day

Year

To assure prompt filing, please be sure you have completed all portions of this RENEWAL APPLICATION and follow the enclosed mailing instructions.

Note: Please make check or money order payable to the New York State Education Department and payments made outside the U.S. should be made payable by check or draft on a U.S. bank in U.S. currency.