



NABP
National Association of
Boards of Pharmacy
www.nabp.pharmacy

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Waiver for Individuals with No Social Security Number

For security reasons, NABP can only accept documents sent via mail.

Please type or legibly print all requested information, hand-sign this form in front of a notary, and make a copy for your file. Mail this completed, signed, and notarized original form, to NABP Customer Service, at the address above. If you obtain a Social Security number (SSN) at any time, please contact NABP about the change to the status of your SSN. The SSN is a vital part of ensuring the accuracy of your information in the NABP system.

Prefix: _____ First: _____ Middle: _____ Last: _____ Gender: _____	
Suffix: _____ Maiden Name (if applicable): _____ Date of Birth: _____	
Signature: _____ NABP e-Profile ID: _____ (if applicable)	
Pharmacist/Technician/Intern License No: _____ State: _____ (if applicable)	
Phone Number: _____ E-mail Address: _____	
Current Street Address: _____	
City: _____ State: _____	
Zip/Postal Code: _____ Country: _____	
<i>If Applicable:</i>	
Previous United States Address: _____	
Previous City: _____ Previous State: _____ Previous Zip Code: _____	

Registrant:

By submitting this form I affirm that I have never been issued or assigned a Social Security number by the United States federal government. I affirm that the information provided on this form, and submitted in connection with this form, is true, correct, and complete. I understand that if false or misleading information is provided in, or in connection with, this form, NABP may elect to pursue any and all available remedies including, but not limited to, suspension or termination of my application or NABP e-Profile ID or referral of the matter to regulatory, government, or law enforcement authorities.

Notary:

State of _____ County of _____

I certify that on _____ (day) of _____ (month), _____ (year),

_____ (name of affiant) personally appeared before me, and is personally known to me or proved to me on the basis of a current official federal or state government photo identification to be the individual whose name is subscribed on this form and acknowledged to me that he/she has executed this form and attested that the statements made by him/her on this form are true, correct, and complete.

Notary Public signature _____

Notary Stamp

Notary ID number _____

Expiration date ____/____/____
Month Day Year