



STATE OF MARYLAND

**DHMH**

**Department of Health and Mental Hygiene**

*Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor –  
Van T. Mitchell, Secretary*

**MARYLAND BOARD OF PHARMACY**

*4201 Patterson Avenue • Baltimore, Maryland 21215-2299*

*Mitra Gavvani, Board President – Deena Speights-Napata, Executive Director*

## REQUEST FOR ROSTER FORM – Electronic or Printed Labels

The Maryland Board of Pharmacy provides basic information to consumers regarding licensees, permit holders and registrants as part of the Public Information Act. Use this form to request a roster of information from the Board of Pharmacy. Please type or print clearly.

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Telephone / Fax:** \_\_\_\_\_

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

**Purpose:** (state how this information will be used): \_\_\_\_\_

**Roster Format:** Check all roster lists requested:

Pharmacists                  Pharmacy Technicians                  Pharmacies                  Distributors

Maryland Only                  Maryland Counties (specify) \_\_\_\_\_

Maryland including Out of State

Specific zip codes (Specify) \_\_\_\_\_

Other information (Specify) \_\_\_\_\_

Note: The general roster information will include Names, Business Address and Business Telephone in electronic format.

**CHECK HERE IF YOU DESIRE PRINTED ROSTER REQUEST (3 LABEL ACROSS).**

**FEE \$150**

**PLEASE MAKE CHECKS PAYABLE TO THE MARYLAND BOARD OF PHARMACY**

You may email, mail or fax your completed form to: 4201 Patterson Avenue, Baltimore MD 21215

Fax: 410-358-6207

email: dhmh.mdbop@maryland.gov