

CHANGE OF PHARMACIST-IN-CHARGE (PIC)

Pharmacy Name _____ Pharmacy Permit No _____

Street _____

City _____ State _____ Zip _____

Incoming PIC

RPh Name _____

RPh Lic # _____

Hours Worked per week in New Position _____

Previous Employment

Pharmacy License # _____

Pharmacy Name _____

Pharmacy Address _____

Previous Position _____
(e.g., staff, pharmacist-in-charge, etc.)

Departing PIC

RPh Name _____

RPh Lic # _____

Hours Worked per week in New Position _____

New Employment

Pharmacy License # _____

Pharmacy Name _____

Pharmacy Address _____

New Position _____
(e.g., staff, pharmacist-in-charge, etc.)

The Kentucky Board of Pharmacy recommends a beginning and ending inventory of all controlled substances with a change in Pharmacist-in-Charge.

Signature of Incoming PIC _____ Date _____

Signature of Departing PIC [If available] _____ Date _____

PLEASE COMPLETE AND MAIL OR FAX TO:

KENTUCKY BOARD OF PHARMACY
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

Phone (502) 564-7910

Fax (502) 696-3806