

# 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.)

An inventory of the following drugs was taken on \_\_\_\_\_, 20\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Signature of Incoming PIC \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Signature of Departing PIC \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

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