

## Thirty [30] Day Temporary Dual PIC Form

Pharmacy: \_\_\_\_\_ Permit #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Reason for Extension:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Hours in pharmacy per week: \_\_\_\_\_

Interim Pharmacist-in-Charge:  
Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Current Pharmacy: \_\_\_\_\_

Current Pharmacy Permit Number: \_\_\_\_\_

Hours in pharmacy per week: \_\_\_\_\_  
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Name of Person Making Request: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
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**Date Approved:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Date Expires:** \_\_\_\_\_

\_\_\_\_\_