

Pharmacies Requesting Dual Pharmacist-in-Charge (PIC)

Request for Dual PIC

If temporary, please select description

OR

Approximate Date Range

TO

Pharmacy #1

Pharmacy #2

Name:

Permit #

Name:

Permit #

Name

Name

Address

Address

City

City

State

Zip Code

State

Zip Code

Rx Volume/Week

Rx Volume/Week

Operational
Hours/Week

Operational
Hours/Week

Reason for Requesting Dual PIC

Distance Between Pharmacies

Hours per week PIC expected in Pharmacy #1

Hours per week PIC expected in Pharmacy #2

Do pharmacies share equipment, inventory, references, or software system? If yes, please explain below:

PIC Name if Approved

License#

Name of Person Making Request

Title

Date