

# Individual Information Change Form

Name \_\_\_\_\_ License/Registration Number \_\_\_\_\_

Complete the following section[s] if applicable and submit to the Board office:

Email: [pharmacy.board@ky.gov](mailto:pharmacy.board@ky.gov) Fax: 502-696-3806

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## NEW CONTACT INFORMATION

effective date \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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## NEW EMPLOYMENT INFORMATION

effective date \_\_\_\_\_

### NEW PLACE OF EMPLOYMENT

Pharmacy Name \_\_\_\_\_ KY Pharmacy Permit No \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

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

### PREVIOUS PLACE OF EMPLOYMENT

Pharmacy Name \_\_\_\_\_ KY Pharmacy Permit No \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

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

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## PHARMACIST CLASSIFICATION UPDATE

Select each classification that applies to your practice of pharmacy.

- |   |   |
|---|---|
| <input type="radio"/> Chain Community             | <input type="radio"/> Industry          |
| <input type="radio"/> Independent Community       | <input type="radio"/> Academia          |
| <input type="radio"/> Hospital                    | <input type="radio"/> Online/Mail Order |
| <input type="radio"/> Consultant - LTC            | <input type="radio"/> Compounding Only  |
| <input type="radio"/> Consultant – Business/Legal | <input type="radio"/> Nuclear           |
| <input type="radio"/> Managed Care                | <input type="radio"/> Other _____       |

Please specify.