



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

New York State Board of Pharmacy, 89 Washington Ave, 2nd Floor, Albany, NY 12234

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**CHANGE OF SUPERVISOR IN CHARGE
MANUFACTURER--REPACKER--WHOLESALE**

Name of Registered Establishment _____

Address of Establishment: _____

Registration number: _____ Tel. Number: _____

APPLICANTS AFFIDAVIT

I, _____ do hereby certify that I replaced
Print Name
_____ as supervisor of the above named establishment on
_____; and that I am employed for _____ hrs. per week at the above
month/date/year
location.

I further certify that I have full knowledge of my professional responsibilities and I have reviewed:

- (1) "Responsibilities of a Supervisor" issued by the Board of Pharmacy and
- (2) Title 21, Code of Federal Regulations (pages 60-65, Pharmacy Guide to Practice).
- (3) For Syringes & Needles-- Public Health Rules & Regulations on Controlled Substances--Part 80.131-80.134
- (4) Compressed Medical Gas repacker--Federal Regulations regarding gases
- (5) Regulations pertaining to specialized activities.

I am // am not a licensed professional in New York State. If licensed, indicate professional license number _____ and profession _____.

current registration expires on _____.

Corporate Officer's signature & date
(Indicate title)

Supervisor's signature & date

Print Name