

NOTICE OF CHANGE OF SUPERVISING PHARMACIST

"THE STATE BOARD OF PHARMACY SHALL BE NOTIFIED WITHIN SEVEN DAYS OF ANY CHANGE IN THE IDENTITY OF THE SUPERVISING PHARMACIST OF A REGISTERED ESTABLISHMENT. SUCH NOTIFICATION SHALL BE MADE BY THE OWNER OF THE REGISTERED ESTABLISHMENT." (Rules of the Board of Regents, part 29.7 (a) (10))

ALL QUESTIONS MUST BE ANSWERED. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN REFERRAL TO THE OFFICE OF PROFESSIONAL DISCIPLINE FOR INVESTIGATION.

REGISTERED NAME OF PHARMACY _____

ADDRESS OF PHARMACY _____

PHARMACY REGISTRATION NO. _____ REGISTRATION PERIOD ENDING _____

I, _____, do hereby certify that I replaced _____ as supervising pharmacist of the pharmacy designated above, on _____ (Month / Day / Year). I do hereby certify that I am a licensed pharmacist, currently registered, holding license No. _____, dated _____, and that I am employed for _____ hours a week at this pharmacy.

I further certify that I have full knowledge of my professional responsibilities and will discharge my responsibilities to the best of my ability. This Pharmacy is open for business _____ hours each week.

THE PHARMACY MUST BE SUPERVISED AT ALL TIMES WHILE OPEN BY A NEW YORK STATE REGISTERED PHARMACIST. A PHARMACY FOUND IN VIOLATION WILL BE REFERRED TO THE OFFICE OF PROFESSIONAL DISCIPLINE.

Signature of proprietor, corporate officer, or authorized individual

Signature of New York State supervising pharmacist

Print name

Date

Print Name

Date

Title of proprietor, corporate officer, or authorized individual