



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

New York State Board of Pharmacy, Lawrence H. Mokhiber, Executive Secretary
Tel. (518) 474-3817ext130 Fax (518) 473-6995 E-mail: pharmbd@mail.nysed.gov

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

Name of Registered Establishment: _____

Address of Establishment: _____

Registration Number: _____ Telephone Number: _____

APPLICANT'S AFFIDAVIT

I, _____ do hereby certify that I replaced
Print Name

_____ as supervisor of the above named establishment on

_____ ; and that I am employed for _____ hours per week at the above
month/day/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
2. Title 21, Code of Federal Regulations
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 (check one) a licensed professional in New York State. If licensed, indicate:

Professional license number: _____ Profession: _____

Current registration expires on: _____

Corporate Officer's signature and date (Indicate title)

Print Name

E-mail Address

Supervisor's signature

Date

Return Directly to: The New York State Education Department, Office of the Professions, New York State Board of Pharmacy, 89 Washington Avenue, Albany, NY 12234