

**Pharmacy Board  
PH226**

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
New York State Board of Pharmacy  
www.op.nysed.gov/prof/pharm/

**Office Use Only**  
Date Stamp

**Notice of Resignation of Supervising Pharmacist**

“The State Board for 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))

It is the responsibility of the owner of the registered establishment to file a Notice of Change of Supervising Pharmacist (PH205) with the New York State Board of Pharmacy. As supervising pharmacist, **it is in your best interest** to notify the New York State Board of Pharmacy **when you have resigned** from the supervisory position.

**Instructions:** Complete this form and forward it to the New York State Board of Pharmacy by e-mail at pharmbd@nysed.gov, or by mail to 89 Washington Avenue, 2nd Floor West, Albany, NY 12234-1000.

Date SP Entered

Initials of Staff

Notes

**Registered Name of Pharmacy:** \_\_\_\_\_

**Address of Pharmacy:** \_\_\_\_\_  
\_\_\_\_\_

**Pharmacy Registration Number:** \_\_\_\_\_ (See registration number on certificate. Do **not** provide store number of a chain drug store in lieu of registration number.)

**Contact E-mail:** \_\_\_\_\_

I, \_\_\_\_\_, holding pharmacist

license number \_\_\_\_\_ hereby provide notification to the State Board of Pharmacy that I have **resigned** from the

position of supervising pharmacist of the pharmacy indicated above, on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Resigning Pharmacist Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

\_\_\_\_\_  
Print Name