

PENNSYLVANIA STATE BOARD OF PHARMACY

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Mailing Address: (USPS)
PO Box 2649
Harrisburg, PA 17105-2649

Courier Address: (UPS, FED-EX, etc.)
PA Dept of State, Bureau of Professional and Occupational Affairs
Attn: State Board of Pharmacy
2 Technology Park
Harrisburg, PA 17110-2919

CHANGE IN TITLE (PHARMACY NAME) APPLICATION FOR A PA PHARMACY

(# 854 107A, Rev. 9/19)

\$45.00 Fee - Make fee payable to the "Commonwealth of PA." Fees are not refundable.

Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Current name/title of pharmacy: _____

Pharmacy permit number: _____

New name/title of pharmacy: _____

Date new title goes into effect: _____

(Month/Day/Year)

Contact person's name and phone number: _____

Contact person's e-mail address: _____

Contact person's address: _____

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and as not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of the Owner's Authorized Representative Date (Month/Day/Year)

Title: _____

Printed Name: _____

Have you:

1. Included the \$45.00 check or money order made payable to the "Commonwealth of PA?"
2. Have you provided the correct pharmacy permit number?
3. Has all other requested information been provided?
4. Are dates in month/day/year format?

The Pennsylvania State Board of Pharmacy (Board) will request submission of a new application along with the required application fee if any discrepancies with this application have not been appropriately addressed within one year of the original date of application. The pharmacy permit may also be subject to disciplinary action for a violation of Board Regulation Section 27.11(d) if a properly completed application is not submitted to the Board office within 30 days of the change in title.

The Board has the following policy regarding change in title of an established pharmacy. Once the application is processed, the Board will notify the following agencies of the change: DEA, PACE, Department of Public Welfare, Department of Health, and NCPDP.

*****The permit number will NOT change with the processing of this application*****