



Pennsylvania  
**Department of State**  
**State Board of Pharmacy**

**APPLICATION FOR CHANGE IN PHARMACIST IN CHARGE OF A NONRESIDENT PHARMACY**

Attach a \$45.00 check or money order made 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. Note: This application must be submitted within 30 days after a change in the pharmacist in charge at a nonresident pharmacy.

Name of Nonresident Pharmacy: \_\_\_\_\_

PA Nonresident Pharmacy Registration Number: NP \_\_\_\_\_

Address of pharmacy: \_\_\_\_\_  
Street Address City State Zip Code

E-mail address of pharmacy: \_\_\_\_\_

Contact person's name: \_\_\_\_\_

Contact person's mailing address: \_\_\_\_\_  
Street Address City State Zip Code

Contact person's e-mail address: \_\_\_\_\_

Name of **new** pharmacist in charge: \_\_\_\_\_  
Last First Middle

**New** pharmacist in charge's address: \_\_\_\_\_  
Street Address City State Zip Code

**New** pharmacist in charge's resident state pharmacist license number: \_\_\_\_\_

Date **new** pharmacist in charge (PIC) began working as PIC: \_\_\_\_\_

Name of **former** pharmacist in charge: \_\_\_\_\_  
Last First Middle

**Former** pharmacist in charge's resident state pharmacist license number: \_\_\_\_\_

Date **former** pharmacist in charge (PIC) last worked as PIC: \_\_\_\_\_

STATEMENT

I verify that this application is in the original format as supplied by the Department of State and has 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 Owner's Authorized Representative      Date

**AND** \_\_\_\_\_  
 Signature of New Pharmacist in Charge      Date



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UPON RECEIPT OF THE NEW NONRESIDENT PHARMACY REGISTRATION, THE OWNER IS REQUIRED TO RETURN THE ORIGINAL REGISTRATION TO THE BOARD OFFICE.

**Helpful Information**

Before submitting your application, please refer to the following helpful information. Keep in mind that original application pages, not photocopies nor faxed copies, must be submitted by U.S. mail along with the correct application fee.

1. Have you included the application fee in the correct amount (\$45.00) and made the check or money order payable to the "Commonwealth of PA?"
2. Have you provided the nonresident pharmacy's registered name, Pennsylvania nonresident pharmacy registration number and registered address? This information is printed on the Pennsylvania nonresident pharmacy registration.
3. Have you provided complete information for the contact person? If there are any discrepancies with the application, the discrepancy letter will be mailed to the contact person at their mailing address.
4. Have you provided accurate information for the new pharmacist in charge (i.e. full name, address, resident state pharmacist license number)?
5. Have you provided the new pharmacist in charge's start date in month/day/year format?
6. Have you provided the former pharmacist in charge's full name and resident state pharmacist license number?
7. Have you provided the date (in month/day/year format) that the former pharmacist in charge last worked as the pharmacist in charge?
8. Have the pharmacy owner's authorized representative and the new pharmacist in charge signed and placed a signature date (in month/day/year format) in the appropriate spaces?

The Board may request submission of a new application or part of an application along with the required application fee if any discrepancies with this application have not been appropriately addressed within one year of the date that the application was submitted.

The pharmacy permit may be subject to disciplinary action for a violation of the Pharmacy Act Section 4.1(a)(1) if a properly completed application for a change in pharmacist in charge and the application fee are not submitted to the Board office within 30 days after a change in the pharmacist in charge.

Please note that it is your responsibility to maintain a copy of this and all documents submitted to the Board or received from the Board for your future reference.