

Pharmacist Change of Employment Form

Please return this form to:
South Carolina Board of Pharmacy
P O Box 11927
Columbia, SC 29211 1927
Or fax to 803-896-4596

This form must be completed and returned to the Board of Pharmacy when a pharmacist changes employment.

Personal information provided in this application may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provisions of federal and state law.

(Please print information)

Pharmacist Information

Pharmacist Name: _____

South Carolina License Number _____ SSN# _____

New Employer Information

Check if Applicable [] Pharmacist –in-Charge [] Staff Pharmacist [] Permit Holder

Name of Pharmacy _____ Pharmacy Permit#: _____

Address of Pharmacy: _____ Start Date: _____

City _____ State _____ Zip _____ Phone () _____

Previous Employer Information:

Check if Applicable [] Pharmacist –in-Charge [] Staff Pharmacist [] Permit Holder

Name of Pharmacy _____ Pharmacy Permit#: _____

Address of Pharmacy: _____ Start Date: _____ End Date _____

City _____ State _____ Zip _____ Phone () _____

Additional Places of Employment:

Name of Pharmacy: _____ Pharmacy Permit #: _____

Address of Pharmacy: _____ Start Date: _____ End Date: _____

City _____ State _____ Zip _____ Phone () _____

Name of Pharmacy: _____ Pharmacy Permit #: _____

Address of Pharmacy: _____ Start Date: _____

City _____ State _____ Zip _____ Phone () _____