

Signature of Consultant Pharmacist

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy 110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11927 • Columbia • SC • 29211-1927

Phone: 803-896-4700 • Contact.pharmacy@llr.sc.gov • Fax: 803-896-4596

llr.sc.gov/bop

EMS

NOTIFICATION OF CONSULTANT PHARMACIST/MEDICAL DIRECTOR CHANGE

This form must be completed and returned to the Board office within ten days of the change in consultant pharmacist. Email this form to contact.pharmacy@llr.sc.gov.

Please type or print the following information: Name of Consultant Pharmacist/Medical Director: License Number:_____ Effective Date _____ Name of Permitted Facility:_____ Permit #______ Phone #_____ Address of Facility_____ **Email address of Consultant Pharmacist:** I hereby certify that as Consultant Pharmacist, I will be responsible for all professional duties connected with the proper and lawful conduct of this facility.

Date