

## South Carolina Department of Labor, Licensing and Regulation

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

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## NOTIFICATION OF PHARMACIST-IN-CHARGE CHANGE

This form must be completed and returned to the Board office within ten (10) days of employment change. Email this form to <a href="mailto:contact.pharmacy@llr.sc.gov">contact.pharmacy@llr.sc.gov</a>.

Please <b>print</b> the following information:	
Name of New Pharmacist-in-Charge	_
License Number	Effective Date
PIC email address	
Name of Pharmacy	
Permit Number	
Pharmacy Address	
	Phone #
connected with the proper and lawful conduct	ge I will be responsible for all professional duties of this pharmacy. I understand that submitting ocument or omitting a material fact may be grounds
Signature of Pharmacist-in-Charge	 

List the name, profession, license or registration number and work status of the pharmacists and pharmacy technicians that are employed by this facility. All requested information must be provided.

Use the following abbreviations to identify profession and work status:

PH - Pharmacist PI - Part time FT - Full time

PT - Registered Pharmacy Technician

CPT - State Certified Pharmacy Technician

If you have more than 19 employees to list, please list the additional employees and the information requested below on a separate sheet and submit the sheet with this form.

Name	Profession	License/Reg#	Work Status