



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Pharmacy**  
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[llr.sc.gov/bop](http://llr.sc.gov/bop)

**NOTIFICATION OF CONSULTANT PHARMACIST 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](mailto:contact.pharmacy@llr.sc.gov).

Please print the following information:

Name of Consultant Pharmacist: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of Consultant Pharmacist

\_\_\_\_\_  
Date