



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
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NOTIFICATION OF DESIGNATED REPRESENTATIVE CHANGE

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

Please print the following information:

Name: _____

Title of Designated Representative: _____

Name of Permitted Facility: _____

Permit No.: _____ Phone No.: _____

Address of Facility: _____

Email address of Designated Representative: _____

I hereby certify that as Designated Representative, I will be responsible for all professional duties connected with the proper and lawful conduct of this facility.

Signature of Designated Representative

Effective Date