



**South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy**

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www.llr.sc.gov/POL/Pharmacy/



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 contact.pharmacy@llr.sc.gov.

Please **print** the following information:

Name of New Pharmacist-in-Charge _____

License Number _____ **Effective Date** _____

PIC email address _____

Name of Pharmacy _____

Permit Number _____

Pharmacy Address _____

_____ **Phone #** _____

I hereby certify that as Pharmacist-in-Charge I will be responsible for all professional duties connected with the proper and lawful conduct of this pharmacy. I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact may be grounds for disciplinary action against my license.

Signature of Pharmacist-in-Charge

Date

