



TEXAS STATE BOARD OF PHARMACY
 333 Guadalupe Street, Ste. 3-600 ★ Austin, Texas 78701
 512-305-8000 ★ www.tsbp.state.tx.us

LIMITED LIABILITY COMPANY (LLC)
MEMBERSHIP CHANGE REQUEST- MUST BE COMPLETED BY EACH MEMBER

PHARMACY NAME		PHARMACY LICENSE NUMBER	
STREET / MAILING ADDRESS			
CITY		STATE	
EFFECTIVE DATE OF CHANGE			

Submit a separate form for each member of the LLC. (Note: Disclosure of Social Security Numbers (SSN) is mandatory under Tex. Fam. Code. Ann. § 231.302 (Vernon 1999). The SSN is provided to identify persons relative to enforcement of child support payments.)

FULL NAME (Member to be Removed)	TITLE	TX License/Registration # (if applicable- MD, RN, LVN)
FULL NAME (Member to be Added)	TITLE	TX License/Registration # (if applicable- MD, RN, LVN)
DATE OF BIRTH	SOCIAL SECURITY #	

Main Address (confidential address of record). You must provide a main address (confidential) and an address which may be provided to the public. You may enter the same address in both address types.

MAIN ADDRESS		HOME PHONE NUMBER	
		()	
CITY		STATE	

✓check this box if your public address is the same as your main address

Public Address (alternate address which may be provided to the public)

PUBLIC ADDRESS		ALTERNATE PHONE NUMBER	
		()	
CITY		STATE	

List all pharmacies owned by the partnership / corporation (attach separate sheet if necessary).

NAME OF PHARMACY	TEXAS PHARMACY LICENSE #

EACH OF THE FOLLOWING QUESTIONS MUST BE ANSWERED

<p>1 Have you been the subject of <u>any</u> professional disciplinary action or are any such actions pending against you by a regulatory authority? (Examples: denial, surrender, revocation, reinstatement, suspension, fine, reprimand, probation, restriction). Include such information for <u>all</u> states, including Texas, and for all regulated professions.</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>**If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and if applicable, the date of the termination of the condition and/or probation.</p>		
<p>2 For any criminal offense, including those pending appeal, have you ever:</p> <p>A. been arrested? B. been charged with a crime but not arrested? C. pled nolo contendere? D. pled guilty? E. received deferred adjudication for a misdemeanor? F. received deferred adjudication for a felony? G. been convicted of a misdemeanor? H. been convicted of a felony?</p>	<input type="checkbox"/> YES* <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> NO
<p>*In answering Questions #2A – H, include all offenses, even those for which you were subject to deferred adjudication. (Examples: assault, theft, theft by check, driving while license suspended, possession of controlled substances, public intoxication, DWI, driving under the influence of drugs.)</p>		
<p>3 Have you been subject to a court ordered probation or confinement as related to any offense?</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>4 Have you served time in prison for any offense?</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>5 Have you been convicted of a drug or alcohol related offense, or been subject to a deferred adjudication for this offense? (Examples: possession of controlled substances, public intoxication, DWI, driving under the influence of drugs).</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>*If you answered "yes" to Questions #3-5, include the name and location of the court, the offense charged, a brief explanation of the offense, the date of action, and, if applicable, the date that probation or confinement ended.</p>		
<p>6 Are you a registered sex offender in Texas or in any other state?</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>7 Have you ever been licensed, certified, or registered with another State Board of Pharmacy as a pharmacist, pharmacist intern, or pharmacy technician?</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p>*If you answered yes to Questions #7, please indicate the type of license, certification or registration that you received the dates of registration, and the registration number.</p>		

ATTEST: I hereby attest that the foregoing statements, on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules.

THIS SIGNATURE MUST BE NOTARIZED:

<p>_____ Signature of Owner / Managing Officer</p>	<p>_____ Date</p>	<p>Subscribed and sworn to before me this _____ day of _____, 20____</p>
<p>_____ Owner / Managing Officer's Name (Type or Print)</p>	<p>_____ Notary Public</p>	