

TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-500 * Austin, Texas 78701 Phone: 512-305-8000 * www.pharmacy.texas.gov

CHANGE OF ADDRESS AND/OR CONTACT INFORMATION

For Use By Interns, Pharmacists, Technicians Only – NOT Pharmacies

| Intern | | ID #: | | Change Effe | | ective Date: |
|---|-------------------------|------------|-------|-------------|-----------------------------------|-----------------------------------|
| Pharm | acist | License #: | | | | |
| Techni | Technician Registration | | | | | |
| First Name: | | | | Last Name: | | |
| Mailing Address (Main Address and Confidential Address of Record) – Address where you receive mail from U.S. Postal Service on a Daily Basis. You must provide a mailing address (confidential) and an address which may be provided to the public. You may enter the same address in both address types. | | | | | | |
| Street Address | | | | | Apartment/Suite # (if applicable) | |
| City | | | | State | | Zip |
| Email Address for Board use only | | | | | | |
| Home Telephone (Area Code) | | | | | | |
| Public Address (alternate address which may be provided to the public) | | | | | | |
| Street Address | | | | | Apartment/Suite # (if applicable) | |
| City | | | State | | Zip | |
| Business Telephone (Area Code) | | | | | | |
| PREVIOUS ADDRESS | | | | | | |
| Street | | | | | | Apartment/Suite # (if applicable) |
| City | | | State | | Zip | |

A copy of this notification must be kept in your records for two years. Keeping this information current with the Board office will assure receipt of renewal notices and other Board communications in a timely manner.

Mail or fax completed form to:

Texas State Board of Pharmacy 333 Guadalupe Street, Suite 3-500 Austin, Texas 78701 Fax: (512) 305-8075

KEEP A COPY OF THIS NOTIFICATION IN YOUR FILES