

CHANGE OF PHARMACIST-IN-CHARGE (PIC)

Pharmacy Name Pharmacy Lic. #
Street
City State Zip Code

An inventory, as specified in §291.17, has been taken on

By my signature, I acknowledge that I am the pharmacist-in-charge of this pharmacy, and the required change of PIC inventory has been taken. I further attest that I have read and understand the laws and rules relating to this class of pharmacy.

INCOMING PHARMACIST IN CHARGE

Printed Name **Texas RPh License Number

*Signature _____ Date

DEPARTING PHARMACIST IN CHARGE

Printed Name RPh License Number

*Signature _____ Date

Will you remain on staff? YES NO

**Note: If the departing and the incoming pharmacists-in-charge are unable to conduct the inventory together, see requirements in Rule 291.17(g). If either is unavailable, please indicate the reason on the signature line.*

This form is for the purpose of change in PIC only -- all other employment changes should be submitted online at <http://www.pharmacy.texas.gov/changeaddress.asp>

Please complete and Email, Mail or Fax to:

**TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE STREET SUITE 3-500
AUSTIN TX 78701
(512) 305-8000 Voice
(512) 305-8075 FAX
mailing@pharmacy.texas.gov**

****Non-Resident Pharmacist-in-Charge must have a Texas Pharmacist License, see Rule§291.103**

KEEP A COPY OF THIS NOTIFICATION AT THE PHARMACY