



CHANGE OF PHARMACIST-IN-CHARGE (PIC)

Submit the Change of PIC information within 10 days of the change.

Pharmacy Name Pharmacy Lic. #

Street

City State Zip Code

An inventory, as specified in [§291.17](#), has been taken on:

Inventory records should NOT accompany this form. See TSBP Laws & Rules for this specific class of pharmacy pertaining to inventory records.

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
Must be physically signed. Digital signatures cannot be accepted.

DEPARTING PHARMACIST IN CHARGE

Printed Name RPh License Number

*Signature _____ Date
Must be physically signed. Digital signatures cannot be accepted.

Will the departing PIC remain on staff at this pharmacy? 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 www.pharmacy.texas.gov/changeaddress.asp.

Please complete and Email or Fax to:

TEXAS STATE BOARD OF PHARMACY
(512) 305-8075 FAX
mailing@pharmacy.texas.gov

It may take approximately 10 business days to be updated by TSBP. To verify if the information has been updated, go to www.pharmacy.texas.gov and select the "Verification" tab.

If you have any issues with the email or fax line contact TSBP at (512) 305-8047

****Non-Resident Pharmacist-in-Charge must have a Texas Pharmacist License, see [Rule §291.103](#)**

KEEP A COPY OF THIS NOTIFICATION AT THE PHARMACY