



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-500 Austin, Texas 78701

512-305-8000 * www.pharmacy.texas.gov

CHANGE OF OFFICER FORM FOR EXISTING PHARMACY LICENSE

- Submit a separate form for each owner, managing officer, or partner to be added.
- Each individual owner, managing officer or partner (not a Texas licensed pharmacist) must attach a copy of their current driver's license or state issued identification card and a copy of their social security card.

NAME OF LICENSED PHARMACY		PHARMACY LICENSE NUMBER	
PHYSICAL (INSPECTABLE) ADDRESS OF PHARMACY			SUITE NUMBER
CITY		STATE	ZIP
FULL NAME (New Managing Officer, Partner, Ind. Owner, Administrator, etc.)		TITLE (Pres, VP, Partner, Administrator, etc.)	TX License/Registration # (if applicable- MD, RN, RPh, CPhT etc.)
DATE OF BIRTH		*SOCIAL SECURITY NUMBER (required)	
<i>*(Note: Disclosure of Social Security Numbers (SSN) is mandatory under Tex. Fam. Code. Ann. ' 231.302. The SSN is provided to identify persons relative to enforcement of child support payments.)</i>			
HOME ADDRESS (required)			HOME PHONE NUMBER
CITY		STATE	ZIP
EMAIL ADDRESS FOR NEW OFFICER/OWNER/ADMINISTRATOR			
<i>If you would prefer the home address to remain confidential, provide an Address of Public Record below.</i>			
ADDRESS OF PUBLIC RECORD (which may be provided to the public)			ALTERNATE PHONE NUMBER
CITY		STATE	ZIP
List Full Name of Owner/Officer/Partner Be Removed		TITLE (Pres, VP, Partner, Administrator, etc.)	TX License/Registration # (if applicable- MD, RN, RPh, CPhT etc.)
Additional Licensed Pharmacies Affected By This Change Request:			
NAME OF PHARMACY			TEXAS PHARMACY LICENSE #

EACH OF THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE OFFICER BEING ADDED

<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"/> YES* <input type="checkbox"/> YES* <input type="checkbox"/> YES* <input type="checkbox"/> YES* <input type="checkbox"/> YES* <input type="checkbox"/> YES* <input type="checkbox"/> YES*	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <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 or have you ever been required to register as a 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, _____ (Owner/Managing Officer), hereby attest that by submitting this form, I request to be listed as an Owner/Managing Officer of the above mentioned pharmacy license, and 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:

 Signature of Owner / Managing Officer

 Date

Subscribed and sworn to before me this _____ day
 of _____, 20____

 Notary Public

YOU MUST SUBMIT THE ORIGINALLY SIGNED & NOTARIZED FORM – COPIES/FAXES ARE NOT ACCEPTED