



Change of Managing Officer Form for an Existing Pharmacy License

Submit a separate form for EACH Managing Officer to be added. The below form must be filled out completely and accurately. Failure to fill out the form completely will result in delay of processing. If not applicable, put N/A.

- Each officer must provide a home (main) address which will be considered the confidential address of record AND an alternate address which may be provided to the public. You may enter the same address in both address types.
- Each individual owner, managing officer, or partner must attach a copy of their current Driver's License or state-issued Identification Card and a copy of their Social Security Card.
- **NEW!** A Sworn Disclosure Statement Form is Required to be Submitted for EACH Pharmacy this change effects identifying the current individuals involved in the ownership of the pharmacy. See Board Rule 291.3 for Required Notifications.

1 PHARMACY INFORMATION - The below information must match the information in TSBP Records			
A	Business Name of Pharmacy	B	Pharmacy License Number
C	Physical Address of Pharmacy	D	Effective Date Of Change
Street Address			
City	State	Zip/Postal Code	
2 List additional pharmacies affected by this change request (attach a separate page if needed)			
Name of Pharmacy		Texas Pharmacy License Number	
3	Full Name of Managing Officer(s) to be Removed	Title	
4 MANAGING OFFICER INFORMATION			
Full Legal Name of Individual		Title of Officer	Texas Pharmacist License #
Date of Birth (mm/dd/yyyy)		Social Security Number*	
Home Address (Main/Confidential Address) - REQUIRED			
Street Address		Phone Number	
City	State	Zip/Postal Code	
Email Address for Individual			
Public Address (Alternate Address to be Provided to the Public) - REQUIRED			
Street Address		Alternate Phone Number	
City	State	Zip/Postal Code	
5 If the individual holds any other professional and/or regulatory licenses, provide the following information below (Examples: Pharmacist in another state, Physician, Registered Nurse, etc.)			
License Type	License #	State	Expiration Date

*Disclosure of Social Security Numbers (SSN) is mandatory under Texas Family Code §231.302 (c) (1). The SSN is provided to identify persons relative to enforcement of child support payments.



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

1 Have you been the subject of ANY professional disciplinary action or are such actions pending against you by a regulatory authority? (e.g., denial, surrender, revocation, reinstatement, suspension, fine, reprimand, probation, restriction). Include such information for ALL states and for ALL regulated professions. Yes* No
***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.**

2 For any criminal offense, including those pending appeal, have you ever:

A. Been Arrested?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
B. Been charged with a crime but not arrested?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
C. Pled nolo contendere?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
D. Pled Guilty?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
E. Received deferred adjudication for a misdemeanor?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
F. Received deferred adjudication for a felony?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
G. Been convicted of a misdemeanor?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
H. Been convicted of a felony?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

***In answering questions #2A-H, include all offenses even those for which you subject to deferred adjudication. (e.g., assault, theft, theft by check, driving while license suspended, possession of controlled substances, public intoxication, DWI, driving under the influence of drugs.)**

3 Have you been subject to a court ordered probation or confinement as related to any offense? Yes No

4 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? Yes No

5 Have you ever been licensed, certified, or registered with another State Board of Pharmacy as a pharmacist, pharmacist intern, or pharmacy technician? Yes* No
***If you answered Yes to Question 7, indicate the type of license, certification, or registration that you received, the dates of registration, and the registration number.**

Attest: I 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 and those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are 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 and Rules. 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 before me this _____ Day Of _____, 20____
Owner/Managing Officer's Name (Type or Print) _____ Notary Public _____

REMEMBER: Each Officer must submit a copy of their current Driver's License AND Social Security Card

YOU MUST SUBMIT THE ORIGINAL NOTARIZED FORM – COPIES/FAXES ARE NOT ACCEPTED.

A SWORN DISCLOSURE STATEMENT FORM IS REQUIRED TO BE SUBMITTED REFLECTING THE CHANGE(S) TO EACH PHARMACY THIS WILL EFFECT



TEXAS PHARMACY LICENSE APPLICATION

Sworn Disclosure Statement

Complete all boxes to qualify for a pharmacy license. If not applicable, indicate with "N/A." All information provided is considered confidential and is not subject to disclosure under Chapter 552, Government Code.

According to the Texas Pharmacy Act, a sworn disclosure statement is **not** required **if** the pharmacy is:

- Operated by a Publicly Traded Company. Alternatively, provide a copy of page 1 of the company's 10-K SEC filing.
- Wholly Owned by a Retail Grocery Store Chain. Alternatively, provide a written statement attesting to such.
- Applying as a Class B, Class C, or C-S Pharmacy.

In accordance with Section 1.002 of the Texas Business Organizations Code, person is defined as "an individual or a corporation, partnership, limited liability company, business trust, trust, association, or other organization, estate, government or governmental subdivision or agency, or other legal entity, or a series of a domestic limited liability company or foreign entity."

IMPORTANT: A pharmacy applicant shall notify the board not later than the 60th day after the date of any administrative sanction or criminal penalty is imposed against a person listed below.

Section 1: Provide the license number, name, address, and contact information of the pharmacy. You will also need to provide the information for the Entity that directly owns the pharmacy.

Existing Pharmacy License #	
Pharmacy (Facility) Information	
Pharmacy Name:	<i>Doing business as (dba) – Name listed on the prescription labels/signage</i>
Pharmacy Address:	<i>Street Address (inspectable Location) Suite/Unit #</i>
Pharmacy Phone: _____	Pharmacy Email: _____
Pharmacy Fax Number: _____	Web Address: _____
Direct Owner of Pharmacy	
<i>Direct Owner of Pharmacy (i.e., Corp, Inc, LLC, LP, PA, LTD, etc.)</i>	
<i>Corporate Street Address Mailing Address</i>	<i>Suite/Unit #</i>
<i>City</i>	<i>State Zip/Postal Code</i>
<i>Corporate Phone Number</i>	<i>Corporate Email Address</i>

Section 2: List the names of each person who has a financial investment in the pharmacy. Provide either the total amount or percentage of the financial amount made by each person listed below. Attach a separate list, if necessary

Full Name of each Person	Total or Percent Invested



Section 3: List the names of each person who is connected to the pharmacy as any of the following: partner, officer, director, managing employee, owner, or person who controls the owner. Attach a separate list, if necessary.

Full Name of each Person	Title / Relation to Pharmacy

Section 4: List the names of each person who acts a controlling person of the pharmacy through the exercise of direct or indirect control over the management of the pharmacy, the expenditure of money by the pharmacy, or a policy of the pharmacy, including: a management company, landlord, marketing company or other similar person who operates or contracts for the operation of a pharmacy. Attach a separate list, if necessary.

Full Name of each Person	Title / Relation to Pharmacy

Section 5: List the names of each individual who has personal, familiar, or other relationship with an owner, manager, landlord, tenant, or provider of a pharmacy that allows the individual to exercise actual control of the pharmacy. Attach a separate list, if necessary.

Name of each Person	Title / Relation to Pharmacy

ATTEST: I hereby attest that the foregoing statements and 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, Board rules and any applicable federal and state pharmacy law.

THIS SIGNATURE MUST BE NOTARIZED:

Signature of Owner / Managing Officer _____
Date

Owner / Managing Officer's Name (Type or Print)

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

Notary Public