



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.

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			
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.
*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?
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?
*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?

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?

5 Have you ever been licensed, certified, or registered with another State Board of Pharmacy as a pharmacist, pharmacist intern, or pharmacy technician?
*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 Managing Officer Date Subscribed and sworn before me this Day Of ,20
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.