TEXAS STATE BOARD OF PHARMACY
333 Guadalupe Street, Suite 3-500 ✯ Austin, Texas 78701
512-305-8000 ✯ www.pharmacy.texas.gov

Request to Change the Name or Location of Pharmacy License Instructions

Instructions:

This form should be submitted if a pharmacy is changing their Business or DBA Name or if the pharmacy is physically changing location or suite numbers. If the pharmacy is NOT physically moving (i.e. this is a change in address due to USPS, 911, or the county) contact the Licensing Division at (512) 305-8022 for further instructions.

According to the Rule 291.3, a completed application must be filed with the Texas State Board of Pharmacy **30 days prior** to a change of pharmacy location and **within 10 days** of a change of pharmacy name. An amended license reflecting the new location and/or name will be issued when the application is approved.

This form is **NOT** acceptable to submit if there has been any Changes in Ownership. According to the Texas Pharmacy Act, Section 560.101, a pharmacy license is not transferable or assignable. Therefore, if a pharmacy changes ownership, the new owner must apply for a new pharmacy license. Instructions for a Change of Ownership are available on our website at: http://www.pharmacy.texas.gov/files_pdf/Change-OwnrshpInstr.pdf. If the pharmacy is moving or changing its name before the Change of Ownership is processed by TSBP, the *current* owner of the pharmacy license (per TSBP records) must submit the Change of Location/Name application.

This Change of Name or Location Request form **MUST BE**:

- □ Signed by the current Pharmacist-in-Charge. This signature must be notarized. If there has been a change in the Pharmacist-in-Charge, submit a Change of Pharmacist-in-Charge form. Change of Pharmacist-in-Charge forms can be found at: http://www.pharmacy.texas.gov/files_pdf/Change_PIC.pdf
- □ Signed by the Individual Owner or by a Managing Officer of the Corporation/LLC or Partnership that owns the pharmacy. This signature must be notarized. If there have been any changes in Managing Officers, submit a Change of Managing Officer form with the Application. Change of Managing Officer forms can be found at http://www.pharmacy.texas.gov/files_pdf/LIC-021A.pdf
- □ Enclosed with the current Texas Pharmacy License. You must return the ACTUAL certificate. You will be issued an amended certificate upon approval of the application. (Keep a copy of the application to show licensure for transition period.)
- □ Enclosed with a check or money order made payable to the **Texas State Board of Pharmacy** for $100.

Additionally, **any Request to Change the Location** of a Pharmacy **MUST BE** accompanied by:

- □ A Copy of the Entire Lease Agreement for the property where the pharmacy will operate. The Address listed on the Lease Agreement must match the Address listed in Box 5D and the Tenant listed on the Lease Agreement must match the Name of the Pharmacy Owner listed in Box 10A.
- □ If the property is being SUBLEASED, the sublease MUST have the signature of the Landlord. If the sublease does NOT have the signature of the Landlord, provide a letter from the Landlord giving their consent to sublet the property in addition to the Sublease Agreement or a copy of the Master Lease that allows the Tenant to sublet the property.

Submit the completed notarized application form and all supporting documents to Texas State Board of Pharmacy by postal mail. Due to the notarized signatures, we do not accept copies or faxes. Failure to enclose all documents together will result in a delay in approval. The amended license will be mailed out once all requirements are met. Allow 10 business days from the approval date for the amended license to be received via US Postal Service.

Verify current records at: http://www.pharmacy.texas.gov/dbsearch/phy_search.asp. The website is updated every Monday thru Friday at noon.

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Request to Change the Name or Location of a Pharmacy Facility License

Read the previous instructions before filling out the form. Failure to enclose supporting documents will result in a delay of approval.
Fill out form completely. **All box are required.** Do not leave any box blank. If not applicable, put N/A.

1	Fee:	$100.00	2	Request to Change the:	☐ Name	☐ Location	☐ Both
3	Anticipated Move or Effective Date:		4	Pharmacy License Number			

5	**PHARMACY INFORMATION**			
a	**Current Pharmacy Name / DBA Name (as listed on license)**		c	**Requested New Pharmacy Name / DBA Name:**
b	**Current Pharmacy Address (as listed on license)**		d	**Requested New Pharmacy Location Address:**
	Street Address	Suite/Unit #		Street Address / Suite/Unit #
	City / State / Zip Code			City / State / Zip Code

6	**PHARMACY CONTACT INFORMATION**		
Phone Number	( )	Email Address	
Fax Number	( )	Web Address	

7	**Type of Pharmacy** *(Must indicate one)*	8	**Description of Services** – Check all that apply *(Must indicate at least one)*		
☐ Community Independent	☐ 24 Hour Service	☐ Compounding, Non-Sterile	☐ Outpatient Prescriptions
☐ Community Multi	☐ Alternate Visitation Schedule	☐ Compounding, Office Use	☐ Outpatient Surgery
☐ Hospital Independent	☐ Closed Door	☐ Home Delivery	☐ Pharmacist Admin. Immunizations
☐ Hospital Multi	☐ Compounding Sterile, LOW Risk	☐ Infusion	☐ Shipping Prescriptions Out-of-State
☐ Public Health	☐ Compounding Sterile, MED Risk	☐ Inpatient Prescriptions	☐ Veterinary Prescriptions
☐ Other: _____	☐ Compounding Sterile, HIGH Risk	☐ Nuclear	☐ Other: _____

9	**OWNERSHIP INFORMATION**				
a	**Name of Pharmacy Owner** (Legal Name of Corporation, LLC, Partnership, or Sole Proprietorship)			c	**Top 4 Managing Officers**
					List the Top 4 Managing Officers, per Rule 291.3 If any changes, Submit a Change of Managing Officer Form (LIC-021A).
b	**Address of Pharmacy Owner (Indicate New Address, if Changing)**			1	
	Street Address		Suite/Unit #	2	
	City	State	Zip/Postal Code	3	
				4	

By my signature, I acknowledge that I am in the Pharmacist-in-Charge of this Pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy. **THIS SIGNATURE MUST BE NOTARIZED.**

Print or Type Name of Pharmacist in Charge _____ TX License No _____

Subscribed and sworn to before me this _____ Day Of _____ , 20 _____

Signature of Pharmacist in Charge _____ Date _____ Notary Public _____

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:

1 Has the pharmacy, the pharmacy's owner or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any 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 all states, including Texas, 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. Response must include the name of the person who was the subject of the disciplinary actions.**

2 For any criminal offense, including those pending appeal, has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership), within the last 36 months:

A. Been Arrested? ☐ Yes* ☐ No
B. Been charged with a crime but not arrested? ☐ Yes* ☐ No
C. Pled nolo contendere? ☐ Yes* ☐ No
D. Pled Guilty? ☐ Yes* ☐ No
E. Received deferred adjudication for a misdemeanor? ☐ Yes* ☐ No
F. Received deferred adjudication for a felony? ☐ Yes* ☐ No
G. Been convicted of a misdemeanor? ☐ Yes* ☐ No
H. Been convicted of a felony? ☐ Yes* ☐ No

***In answering questions #2A-H, include all offenses even those for which you 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.) Response must include the name of the person who was subject of the disciplinary action.**

3 Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been subject to court ordered probation or confinement as related to any offense, within the last 36 months? ☐ Yes* ☐ No

4 Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) served time in prison for any offense within the last 36 months? ☐ Yes* ☐ No

5 Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been convicted of a drug or alcohol related offense, or been subject to a deferred adjudication for this offense, within the last 36 months? (Examples: possession of a controlled substances, public intoxication, DWI, driving under the influence of drugs) ☐ Yes* ☐ No

6 Is the pharmacy's owner or partner (if the pharmacy is owned by a corporation or partnership) a registered sex offender or has the owner or partner ever been required to register as a sex offender in Texas or any other state? ☐ Yes* ☐ No

***If you answered "yes" to Questions #3-6, 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. Response must include the name of the person who was the subject of the disciplinary action.**

7 Are the customer service areas of the pharmacy accessible to disable persons, as defined by federal law? ☐ Yes* ☐ No

8 Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (Check all that apply) ☐ Yes* ☐ No

☐ Spanish ☐ American Sign Language
☐ Vietnamese ☐ AT&T Translating Service
☐ Telecommunication Device for the Deaf (TDD) ☐ Other: _____

9 Does this Pharmacy participate in the Texas Medicaid Program? ☐ Yes* ☐ No

10 Does this Pharmacy participate in the Texas State Kids Insurance Program (SKIP/CHIP)? ☐ Yes* ☐ No

Attest: I hereby attest that 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***

Subscribed and sworn before me this _____

Signature of Owner/Managing Officer _____ Date _____

Day Of _____ ,20 _____

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