

**PENNSYLVANIA STATE BOARD OF PHARMACY**  
**Mailing Address: PO Box 2649, Harrisburg, PA 17105-2649**  
(Courier Address: 2601 N. Third St., Harrisburg, PA 17110)  
(717) 783-7156 [www.dos.pa.gov/pharm](http://www.dos.pa.gov/pharm) st-pharmacy@pa.gov

**APPLICATION FOR CHANGE IN PHARMACIST MANAGER WITHIN AN ESTABLISHED PHARMACY** #854 109 (Rev. 3/15)

Attach a \$45.00 check or money order made payable to the "Commonwealth of PA." Fees are not refundable. Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Note: This application must be submitted within 15 days of the change in pharmacist manager.

Name of pharmacy: \_\_\_\_\_ Permit number: \_\_\_\_\_

Address of pharmacy: \_\_\_\_\_

E-mail address of pharmacy, if one exists: \_\_\_\_\_

Name of **new** pharmacist manager: \_\_\_\_\_,  
Last First Middle

Pharmacist license number: RP-\_\_\_\_\_ Expiration date of pharmacist license: \_\_\_\_\_

Date **new** pharmacist manager began working as pharmacist manager: \_\_\_\_\_

Name of **former** pharmacist manager: \_\_\_\_\_,  
Last First Middle

Date **former** pharmacist manager last worked as the pharmacist manager: \_\_\_\_\_

**STATEMENT**

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

\_\_\_\_\_  
Signature of Owner's Authorized Representative      Date

**AND**

\_\_\_\_\_  
Signature of New Pharmacist Manager      Date

UPON RECEIPT OF THE NEW PHARMACY PERMIT, THE OWNER IS REQUIRED TO RETURN THE ORIGINAL PERMIT TO THE BOARD OFFICE.

\*\*\*\*A PHARMACIST CAN BE REGISTERED AS MANAGER OF ONLY ONE PHARMACY\*\*\*\*

### **Helpful Information**

Before submitting your application, please refer to the following helpful information. Keep in mind that original application pages, not photocopies nor faxed copies, must be submitted by U.S. mail along with the correct application fee.

1. Have you provided the pharmacy's registered name, correct permit number and registered address? This information is printed on the pharmacy permit.
2. Have you provided accurate information for the new pharmacist manager (i.e. full name, license number and license expiration date)?
3. Is the date that the new pharmacist manager began working as pharmacist manager **after** the date that the former manager ceased working as pharmacist manager? Only one person can serve as manager on any given date. The date that the former manager left and the date that the new manager started must be different dates.
4. Have you provided the former pharmacist manager's full name?
5. Is the date that the former pharmacist manager last worked as pharmacist manager **earlier** than the date that the new pharmacist manager started? Only one person can serve as manager on any given date. The date that the former manager left and the date that the new manager started must be different dates.
6. Have the pharmacy owner's authorized representative and the new pharmacist manager signed and placed a signature date in the appropriate spaces?

The Board may request submission of a new application or part of an application along with the required application fee if any discrepancies with this application have not been appropriately addressed within one year of the date that the application was submitted. The pharmacy permit may also be subject to disciplinary action for a violation of Board Regulation Section 27.11(g) if a properly completed application for a change in pharmacist manager and the application fee are not submitted to the Board office within 15 days of the change in pharmacist manager. Please note that it is your responsibility to maintain a copy of this and all documents submitted to the Board or received from the Board for your future reference.