

MAILING ADDRESS: PO BOX 2649 Harrisburg, PA 17105-2649	PENNSYLVANIA STATE BOARD OF PHARMACY st-pharmacy@pa.gov (717) 783-7156 www.dos.pa.gov/pharm	COURIER ADDRESS: 2601 North Third Street Harrisburg, PA 17110
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REQUEST FOR CHANGE OF NAME, ADDRESS AND/OR E-MAIL (#854 126, Rev. 4/16)

- **FEE:** To obtain a duplicate pharmacist license reflecting the change of name and/or address, you must return this application and a \$5 fee. To obtain a duplicate pharmacy intern registration reflecting the change of name and/or address, you must return this application and a \$10 fee. Please make your check or money order payable to the "Commonwealth of Pennsylvania."
- Without the correct fee, the change will be processed but no duplicate will be issued.
- A processing fee of \$20 will be charged for any check/money order returned unpaid by your bank regardless of the reason for non-payment.

LICENSEE INFORMATION
PLEASE PRINT OR TYPE

LICENSEE'S NAME:	Last	First	Middle
LICENSE #:	TELEPHONE NUMBER:	DATE OF BIRTH:	
SOCIAL SECURITY #:	E-MAIL ADDRESS:		

CHANGE OF NAME

You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also provide the new name. The following are acceptable name change verification documents:

- (1) Marriage certificate;
- (2) Divorce decree which indicates the retaking of your maiden name;
- (3) Other "legal" document indicating the retaking of a maiden name;
- (4) For a "legal" name change, a copy of the court document must be provided

NEW NAME:	Last	First	Middle
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CHANGE OF ADDRESS

OLD ADDRESS:			
	City	State	Zip Code
NEW ADDRESS:			
	City	State	Zip Code

CHANGE OF E-MAIL

OLD E-MAIL ADDRESS:	
NEW E-MAIL ADDRESS:	