



Missouri Pharmacy Name Change Application

INSTRUCTIONS

- Complete this application if you are applying to change the name of a pharmacy that is currently licensed with the Board.
- This application may not be used if a change of ownership is involved in the name change as described in 20 CSR 2220-2.020(3). A change of ownership application must be submitted if the pharmacy's ownership has changed. Forms are available online at <http://pr.mo.gov/pharmacists-forms.asp> *Note: A change in corporate structure is generally a change of ownership and requires a change of ownership application (i.e.,- changing to a corporation, LLC, LLP or sole proprietorship).*
- Please allow **4-6 weeks** for your application to be processed.
- Questions regarding this application may be sent to pharmacy@pr.mo.gov or (573) 526-6985 (phone) or (573) 526-3464 (fax).
- **IN-STATE PHARMACIES:** A new pharmacy permit will be mailed to you reflecting the name change. Please allow 3-5 days for mailing.
- **NON-RESIDENT PHARMACIES:** Non-Resident pharmacies must submit a copy of the updated state pharmacy license and updated controlled substance registration(s) (if applicable).
 - The Board recognizes additional time may be needed to obtain proof of licensure/new controlled substance registrations. Online license verification documents printed from the pharmacy's state licensing authority will be accepted if the verification shows the pharmacy's disciplinary history.
 - Until the license is approved/denied, non-resident pharmacies may temporarily use their current license to continue operating at the new location if a Name Change application has been filed with the Board with the appropriate fee.



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PHARMACY NAME CHANGE APPLICATION & INSTRUCTIONS

<p>SUBMIT THIS COMPLETED APPLICATION TO:</p> <p><u>MAILING ADDRESS</u> MISSOURI BOARD OF PHARMACY P.O. Box 625 JEFFERSON CITY, MO 65102</p> <p><u>OVERNIGHT ADDRESS</u> MISSOURI BOARD OF PHARMACY 3605 MISSOURI BOULEVARD JEFFERSON CITY, MO 65109</p> <p>✓ SEE INSTRUCTION SHEET FOR COMPLETION OF THIS FORM. ✓ \$ 25.00 APPLICATION FEE. FEE IS NON-REFUNDABLE ✓ KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS</p>	FOR OFFICE USE ONLY
	PERMIT #
	ISSUE DATE
	RECEIVED

SECTION A: EXISTING PHARMACY INFORMATION

Provide information in this section about the pharmacy that is changing names.

CURRENT PHARMACY NAME	CURRENT PHARMACY PERMIT #
CURRENT PHARMACY D/B/A NAME (IF APPLICABLE)	
PHARMACY ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PHARMACY TELEPHONE #	PHARMACY FAX #

NEW PHARMACY NAME INFORMATION

Which name would you like to change? (Check below)

This application is for name changes only. Corporate structure changes usually constitute a change of ownership and require a Change of Ownership application (i.e.,- changing to an Inc., LLC, LLP or sole proprietorship).

<input type="checkbox"/> New Permit Holder Name	NEW NAME
<input type="checkbox"/> New Pharmacy Name	NEW NAME

EFFECTIVE DATE OF NAME CHANGE

NON-RESIDENT PHARMACIES

Pharmacies that are not physically located in Missouri must also attach:

- A copy of the updated state pharmacy license or its equivalent from the state where the pharmacy is located bearing the name(s) listed above. An official copy of an online state verification from the pharmacy's state licensing authority will be accepted if the verification shows the pharmacy's disciplinary history, AND
- A copy of the pharmacy's updated state controlled substance registration.
- A copy of the pharmacy's updated federal controlled substance registration.

Updated controlled substance registrations are **not** required if one of the following boxes is checked (*check as applicable*):

- The pharmacy does not distribute or dispense controlled substances in Missouri.
- The pharmacy's licensing state does not issue a separate controlled substance registration/license. By checking this box, the applicant hereby attests and certifies that the pharmacy identified above is legally authorized to dispense, procure, possess or store controlled substances under the new name designated herein.



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SECTION B: APPLICANT AFFIDAVIT

This affidavit must be signed by the pharmacist-in-charge or a partner, corporate officer, or the sole proprietor named in the Board's records. Alternatively, the application may be signed by a person with a designated power of attorney who is authorized to sign and submit this application on the pharmacy's behalf. Proof of the designated power of attorney must be submitted with this application.

This application is hereby submitted on behalf of the pharmacy identified herein. I attest the foregoing application has been completed truthfully and accurately to the best of my knowledge and belief. I am making this affidavit knowing that any false statements or material omission may subject me or the entity identified herein to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that the applicant/pharmacy must comply with all applicable federal and state law(s) as well as the regulations of the Missouri Board of Pharmacy. I certify that no change of ownership as described in Missouri Rule 20 CSR 2220-2.020(3) is involved in this name change. I understand that the current pharmacy permit will be rendered null and void once a permanent permit is issued for the new pharmacy name identified above. I hereby certify under penalty of perjury that the information and answers contained in herein and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	TITLE
PRINT NAME	DATE

SECTION C: APPLICATION CONTACT PERSON

Please provide a contact person for questions from the Board office regarding this license application.

CONTACT NAME	POSITION/TITLE
CONTACT MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
CONTACT TELEPHONE #	CONTACT FAX #
CONTACT E-MAIL ADDRESS	