



Pharmacist-In-Charge Change Application

MISSOURI PHARMACIST-IN-CHARGE CHANGE APPLICATION

<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>✓ \$ 50.00 APPLICATION FEE. FEE IS NON-REFUNDABLE ✓ KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS</p>	<p style="text-align: center; margin: 0;">FOR OFFICE USE ONLY</p> <p>PERMIT #</p> <hr/> <p>ISSUE DATE INSPECTOR</p> <hr/> <p>RECEIVED</p>
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SECTION A: PHARMACY INFORMATION

- A pharmacist is required to immediately notify the Board if he/she stops serving as a designated PIC. [20 CSR 2220-2.010(1)(M)]. The pharmacy may not continue operations until a new PIC has been designated who meets Missouri's requirements. Once designated, the new PIC may begin serving immediately. However, a fully completed **Pharmacist-In-Charge Change application** must be promptly submitted to the Board to officially complete the change. [20 CSR 2220-2.010(1)(M)]. Documentation of the application mailing date should be maintained in the pharmacy's records. Applications not received by the Board in a timely fashion may result in the PIC designation being voided or other disciplinary review/action.
- The permit holder and the new pharmacist-in-charge are responsible for completing an inventory of controlled substances at the time of a PIC change. [20 CSR 2220-2.090(2)(T)]. The inventory must include all Schedule II through V controlled substances, including, Schedule V pseudoephedrine containing over-the-counter products. Documentation of the required inventory must be maintained in the pharmacy's records. To ensure accuracy, the Board recommends the former and new pharmacist-in-charge jointly take the required inventory if possible.
- The attached **Pharmacist-In-Charge Statement** must be submitted with this application.

PHARMACY NAME	PHARMACY PERMIT #
PHARMACY ADDRESS (STREET) (CITY) (STATE) (ZIP)	
PHARMACY TELEPHONE #	PHARMACY FAX #
PHARMACY E-MAIL ADDRESS	

PHARMACIST-IN-CHARGE INFORMATION

FORMER PHARMACIST-IN-CHARGE NAME	FORMER PHARMACIST-IN-CHARGE LICENSE #
NEW PHARMACIST-IN-CHARGE NAME	NEW PHARMACIST-IN-CHARGE LICENSE #

EFFECTIVE DATE OF P.I.C. CHANGE

NON-RESIDENT PHARMACIES:

If the designated pharmacist-in-charge is not a Missouri licensed pharmacist, non-resident pharmacies located outside of Missouri must also provide:

- The attached Pharmacist License Verification form. The form must be completed and sealed by the state agency that regulates and licenses pharmacists in the applicant's home state, OR;
- Online license verification documents printed from the pharmacist's state licensing authority will be accepted if the verification shows the pharmacist's disciplinary history.



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SECTION B: CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS AND STATUS

Answer all questions in this section. If you answer “yes” to any question, a detailed written explanation must be included with your application (*attach additional sheets if necessary*). Failure to include an explanation or to answer all of the questions will result in your application being rejected. If you are in doubt, answer “yes” and provide an explanation.

- **SUSPENDED IMPOSITION OF SENTENCE/SUSPENDED EXECUTION OF SENTENCE:** You are required to answer “yes” to the criminal history questions and to provide an explanation even if a Suspended Imposition of Sentence (“SIS”) or Suspended Execution of Sentence (“SES”) has been received. An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. You must answer “yes” even if you received a SIS or a SES.
- If you answer “yes” to any of the criminal history questions, you must provide court documents that show the dates, charges and dispositions of your arrests/convictions. This typically includes copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case.
- *338.185, RSMo, provides: “After August 28, 1990, notwithstanding any other provisions of law, the board of pharmacy shall have access to records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed.”*

1. Has the designated pharmacist-in-charge ever been found guilty or entered a plea of guilty or nolo contendere to a felony or misdemeanor in Missouri or in any other state, country or court (including federal court)? YES NO
2. Does the designated pharmacist-in-charge currently have any felony or misdemeanor criminal charges pending against them in Missouri or in any other state, country or court (including federal court)? YES NO
3. Has the designated pharmacist-in-charge ever received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri or in any other state, country or court (including federal court)? YES NO
4. Has the designated pharmacist-in-charge ever been, or is now, addicted to any drugs, controlled substances or alcoholic beverages? YES NO
5. Has the designated pharmacist-in-charge ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? (*If yes, copies of any denial/refusal/disciplinary documents must be provided*) YES NO
6. Has the designated pharmacist-in-charge ever had any controlled substance registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? (*If yes, copies of any denial/refusal/disciplinary documents must be provided*) YES NO
7. Has the designated pharmacist-in-charge ever been adjudged insane or incompetent by or in any state, court or country? YES NO
8. Has the designated pharmacist-in-charge ever been adjudged insane or incompetent by or in any state, court or country? YES NO



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SECTION C: 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 authorizing the individual to sign and submit this application on the pharmacy's behalf. Proof of the designated power of attorney form 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 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 D: APPLICATION CONTACT PERSON

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

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



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PHARMACIST-IN-CHARGE (PIC) STATEMENT (MUST BE COMPLETED BY THE DESIGNATED PHARMACIST-IN-CHARGE)

PHARMACY NAME				
PHARMACY ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
DESIGNATED PHARMACIST-IN-CHARGE NAME			PHARMACIST LICENSE #	
PHARMACIST-IN-CHARGE E-MAIL ADDRESS				

ATTESTATION

I _____ do solemnly swear or affirm that I am a licensed pharmacist in the state of _____ holding license number _____.

1. YES I agree that I will serve as the pharmacist-in-charge of the pharmacy identified in this application.
2. YES I understand that the permit will be issued to the applicant with my name appearing as pharmacist-in-charge.
3. YES I understand that I am personally responsible for ensuring the pharmacy's compliance with all applicable state and federal law governing the practice of pharmacy, controlled substances and drug distribution.
4. YES If my designation as pharmacist-in-charge is ended/changed for any reason, I will immediately notify the Missouri Board of Pharmacy.

All this I affirm under penalty of perjury.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY		
SIGNATURE OF NEW PHARMACIST-IN-CHARGE	PHARMACIST LICENSE #	
PRINT NAME	DATE SIGNED	
NOTARY PUBLIC EMBOSSER OF BLACK INK RUBBER SEAL STAMP	STATE SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ YEAR _____	COUNTY (OR CITY OF ST. LOUIS)*



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
PHARMACIST LICENSE VERIFICATION AFFIDAVIT

MAILING ADDRESS:
 MISSOURI BOARD OF PHARMACY
 P.O. BOX 625
 JEFFERSON CITY, MO 65102
 (573) 751-0091

DELIVERY ADDRESS:
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109

APPLICANT

1. Complete items 1-6 only on:
 1. Pharmacy License Verification Affidavit (page 1)
 2. Pharmacist License verification Affidavit (page 2)
 2. Forward the forms to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.
 3. **DO NOT RETURN** the forms to the Missouri Board of Pharmacy unless they have been completed by the state in which you are located.
- ORIGINALS ARE REQUIRED WITH BOARD SEAL – COPIES WILL NOT BE ACCEPTED**

1. PHARMACIST-IN-CHARGE NAME	LICENSE NUMBER
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2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. PHARMACY DBA NAME

4. PHARMACY DBA ADDRESS

5. I HEREBY AUTHORIZE THE _____ (STATE TO WHICH SENDING FORM) TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.

6. SIGNATURE OF SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER OF APPLICANT	PRINT NAME
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DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY

LICENSE NUMBER	LICENSE STATUS	DATE LICENSE ISSUED	DATE LICENSE EXPIRES
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HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DISCIPLINE <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> PROBATION <input type="checkbox"/> CENSURE <input type="checkbox"/> LIMITED <input type="checkbox"/> RESTRICTED <input type="checkbox"/> SURRENDERED
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ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS

BOARD SEAL AREA (AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)	RETURN COMPLETED FORM TO: MISSOURI BOARD OF PHARMACY P.O. BOX 625 JEFFERSON CITY, MO 65102
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SIGNATURE	TITLE	STATE	DATE
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