Missouri Pharmacy Permit Application

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 #**		
DESIGNATED 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. I agree that I will serve as the pharmacist-in-charge of the pharmacy identified in this application. ☐ YES
2. I understand that the permit will be issued to the applicant with my name appearing as pharmacist-in-charge. ☐ YES
3. 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. ☐ YES
4. If my designation as pharmacist-in-charge is ended/changed for any reason, I will immediately notify the Missouri Board of Pharmacy. ☐ YES

All this I affirm under penalty of perjury.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

SIGNATURE OF PROPOSED 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)