



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ Email: info@pharmacy.la.gov



Notice of Change of Pharmacist-in-Charge (PIC)

Notes:

- A PIC voluntarily vacating the position shall provide written notice of his intent to the owner of the permit and the Board no less than 10 days prior to his departure.
- Upon such departure, the owner of the permit shall advise the Board of the departure of the prior PIC and the arrival of the new PIC no later than 10 days after the departure of the prior PIC.
- The new PIC shall advise the Board of his arrival no later than 10 days after the departure of the prior PIC.
- Prior to assigning the new PIC to the permit, the Board shall ascertain the pharmacist has acquired the appropriate PIC privilege credential, is not restricted from accepting the appointment, and is qualified to serve as the PIC of that permit.

Instructions

- The original copy of this completed form is a permanent record of the permit and shall be retained and filed appropriately.
- A copy of the completed form shall be mailed, faxed, or emailed to the Board office; we recommend the PICs retain a copy for their personal records.

Permit Information

Permit No.: _____ Pharmacy Name: _____

Pharmacy Address: _____

City: _____ State: _____ ZIP: _____

Prior Pharmacist-in-Charge

LA License No.: _____ Name: _____

I am voluntarily relinquishing my PIC appointment, and I have provided the minimum 10-day advance written notice to the Board and the owner of the permit; OR, if your departure was involuntary, please check here. _____

I certify that I have conducted a complete inventory of all controlled substances held by this permit, effective with the end of my appointment as PIC.

Although I have relinquished the PIC appointment, I will remain on staff: Yes No

Effective Date: _____ Signature: _____

New Pharmacist-in-Charge

LA License No.: _____ Name: _____

I have already submitted an *Affidavit of Acknowledgement and Acceptance of Responsibility by PIC* and acquired my PIC privilege.

I certify that I have conducted a complete inventory of all controlled substances held by this permit, effective with the beginning of my appointment as PIC.

Effective Date: _____ Signature: _____