



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
[www.pharmacy.la.gov](http://www.pharmacy.la.gov)



## Notification of Change in Mailing Address or Employment

This form is due in our office within 10 days of the change  
Please complete form online before printing it, and then sign and date the bottom of the form before sending it.  
You may then fax (225.925.6499), mail (see address above), or email ([info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)) the form to our office.

Name: \_\_\_\_\_

Credential No.: \_\_\_\_\_ Type:  Pharmacist  Intern  Technician  Candidate

### Mailing Address

#### **Previous Mailing Address:**

\_\_\_\_\_  
Street Name and Number OR Post Office Box      City      Parish      State      ZIP+4

#### **New Mailing Address:**

\_\_\_\_\_  
Street Name and Number OR Post Office Box      City      Parish      State      ZIP+4

\_\_\_\_\_  
E-mail Address      Area Code + Tel. No.      Effective Date of Change

### Employment

#### **Previous Site of Employment:**

\_\_\_\_\_  
Permit No.      Pharmacy Name (+ Store Number if Chain)

\_\_\_\_\_  
Street Name and Number OR Post Office Box      City      Parish      State      ZIP+4

#### **\_\_\_\_\_ New Site of Employment:      - OR -      \_\_\_\_\_ Additional Site of Employment:**

\_\_\_\_\_  
Permit No.      Pharmacy Name (+ Store Number if Chain)

\_\_\_\_\_  
Street Name and Number OR Post Office Box      City      Parish      State      ZIP+4

\_\_\_\_\_  
Pharmacy E-mail address      Effective Date of Change

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_