



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
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) 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:** _____