



Louisiana Board of Pharmacy

5615 Corporate Blvd., Suite 8-E
Baton Rouge, Louisiana 70808-2537

Telephone (225) 925-6496
Facsimile (225) 925-6499
Web address: www.labp.com
Email: labp@labp.com

AFFIDAVIT OF ACKNOWLEDGEMENT AND ACCEPTANCE OF RESPONSIBILITY By Pharmacist-in-Charge (PIC)

Instructions: Pharmacist-in-charge shall properly complete this Affidavit form, have it notarized, and then mail the original completed Affidavit form to Louisiana Board of Pharmacy, 5615 Corporate Boulevard #8E, Baton Rouge, LA 70808-2537.

I, (legibly print or type pharmacist name) _____

holder of a current Louisiana Pharmacist License (number _____) with no restriction that prohibits a pharmacist-in-charge position do hereby affirm, certify and acknowledge my understanding and acceptance of the following responsibilities that accrue to the position of Pharmacist-in-Charge.

- I agree to accept responsibility for the complete supervision and management of the prescription department, and for the operation of the prescription department in compliance with all federal and state laws and regulations pertaining to the practice of pharmacy.
- I agree to accept responsibility for the adequate protection and security of the prescription department.
- I certify that I am responsible for the procurement, receipt, storage, distribution, control, and accountability of drugs for the prescription department.
- I agree to accept responsibility for the maintenance of accurate and readily retrievable records in the prescription department for the acquisition, inventory, and disposition of drugs.

STATE OF _____

PARISH OR COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public duly commissioned in and qualified for the state and parish/county noted hereinabove, personally came and appeared the above named pharmacist, who being duly sworn does affirm that he/she acknowledges and accepts the responsibilities noted above, and that he/she does so freely and without coercion.

SWORN TO AND SUBSCRIBED BEFORE ME, Notary, on this _____ day of _____ 20____.

Signature of Pharmacist-in-Charge

Signature of Notary Public

My commission expires: _____

(Seal)