

Notice of Change of Pharmacist-in-Charge
Must be reported within 30 days of change (22 DCMR 1902.8, 1903.11)

Submit to Pharmaceutical Control Division by email, fax, or postal mail to ensure signed receipt.

(Please print or type)

Date _____

Name of Pharmacy
(As it appears on license) _____

Pharmacy License Number _____

Address of Pharmacy

Pharmacy Email Address _____

Phone _____

This is to advise that _____ holding
(Name of pharmacist as printed on license)

RPh license number _____ will assure the duties of

Pharmacist-in-Charge at the above identified pharmacy on _____
(Effective date)

He/she is replacing _____
(Name of PIC being replaced)

I agree to assume the duties and responsibilities as the pharmacist-in-charge at the above identified pharmacy and am aware of the responsibilities of the pharmacist-in-charge as defined in the District of Columbia Pharmacy Laws and Regulations.

(Signature of Incoming Registered Pharmacist-in-Charge) (Date)