

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Regulation and Licensing Administration
for the Pharmaceutical Control Division



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

Submit to Pharmaceutical Control in a manner to ensure signed receipt
(Please print or type)

Date _____

Name of Pharmacy
(as it appears on license) _____

Pharmacy License Number _____

Address of Pharmacy

Email Address _____

Phone _____

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

RPh license number _____ will assume 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 responsibility of the pharmacist-in-charge as defined in the District of Columbia Pharmacy Laws and Regulations.

(Signature of Incoming Registered Pharmacist-in-Charge)

(Date)