



STATE OF UTAH
 Department of Commerce
 Division of Occupational & Professional Licensing
 160 East 300 South
 PO Box 146741
 Salt Lake City, Utah 84114-6741
 Telephone: (801) 530-6628
 Toll Free in Utah: (866) 275-3675

DIVISION USE ONLY

	DATE	INITIALS
Reviewed:		
Entered:		

PART 1 CHANGE OF PHARMACIST-IN-CHARGE

Check this box if there is **NO** change to the PIC then complete part 2 below.

Pursuant to R156-17b-502 (18); the PIC must be updated with the Division within 30 days of a change to the PIC.

Facility Name: _____ Date: _____

Pharmacy License Number: _____ Expiration Date: _____

Telephone: _____ Facility Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Former Pharmacist-in-Charge: _____ Disassociation Date: _____

Former Pharmacist-in-Charge License Number: _____ Expiration Date: _____

New Pharmacist-in-Charge: _____ Association Date: _____

New Pharmacist-in-Charge License Number: _____ Expiration Date: _____

New Pharmacist-in-Charge Email: _____

Is this change based upon action which could constitute unprofessional or unlawful conduct by the pharmacist? Yes No

PART 2 EMAIL FOR THE PHARMACIST-IN-CHARGE / RESPONSIBLE PARTY

Facility Name: _____ Date: _____

Pharmacy License Number: _____ Expiration Date: _____

Telephone: _____ Facility Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Pharmacist-in-Charge: _____

**New Pharmacist-in-Charge Email: _____

Reason for Change: _____

Fill out this form and email or mail it to the Division.
 (All fields must be completed or the form will not be processed)

Please do NOT fax

Email: DOPLInvestigations@utah.gov

Mail: DOPL Investigations
 Attn: Bureau of Investigation
 PO Box 146741
 Salt Lake City, Utah 84114

I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

 Signature of Pharmacist-in-Charge

 Date

 Printed Name of Pharmacist-in-Charge