



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
Licensing Reviewed:		
Investigations Reviewed:		

**CHANGE OF PIC/DMPIC/RDPIC**

Pursuant to R156-17b-502 (21); the PIC/DMPIC/RDPIC must be updated with the Division within 30 days of a change to the PIC/DMPIC/RDPIC.

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former PIC/DMPIC/RDPIC: \_\_\_\_\_ Disassociation Date: \_\_\_\_\_

New PIC/DMPIC/RDPIC: \_\_\_\_\_ Association Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

New PIC/DMPIC/RDPIC License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

New PIC/DMPIC/RDPIC Email: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

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

**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](mailto:DOPLInvestigations@utah.gov)

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

**FOR CHANGE OF PIC/DMPIC/RDPIC EMAIL ONLY**

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PIC/DMPIC/RDPIC: \_\_\_\_\_

\*\*New PIC/DMPIC/RDPIC Email: \_\_\_\_\_

**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