



Georgia Board of Pharmacy

2 Peachtree Street, N.W., 6th Floor
Atlanta, GA 30303

(404) 651-8000

www.gbp.georgia.gov

REQUEST FOR CHANGE OF PHARMACIST IN CHARGE (PIC) (NON-RESIDENT PHARMACY FACILITIES ONLY)

Please fax this request to (470) 386-6137 immediately.

Effective Date of PIC Change: _____

Name of Pharmacy: _____

Pharmacy Permit No.: _____

Address of Pharmacy: _____

Name of Outgoing PIC: _____

License Number of Outgoing PIC: _____

Name of Incoming PIC: _____

License Number of Incoming PIC: _____

By signing below, the PIC agrees that s/he has read the laws, rules (including 480-6-.02), and policies of the Georgia Board of Pharmacy and understands what those laws, rules, and policies are. Furthermore, s/he understands that s/he is responsible for the pharmacy and employees of the pharmacy while s/he is the PIC.

Signature of Incoming PIC

Signature of Pharmacy Manager or Owner

Please note: Failure to have a PIC at a pharmacy is grounds for disciplinary sanctions up to and including suspension or revocation of the license. Signatures of both parties referenced above are required before any change will be made to the pharmacy's permit with regard to the PIC of record. Please print or type the information on this document. Illegible documents will be considered incomplete and will not be processed.

Please also submit an official verification of licensure for the incoming PIC from the state in which the incoming PIC resides.

AFFIDAVIT OF APPLICANT

I hereby swear and affirm that all information provided is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Pharmacy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on pages 3 & 4 of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Pharmacy and/or criminal prosecution.

Signature of Incoming PIC

Date

Print Incoming PIC’s Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that s/he is the person who executed this
(Incoming PIC’s Name)

request for a change to the pharmacist-in-charge; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Notary Public Signature

County State

My Commission Expires: _____

(seal)

INCOMING PIC: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents under O.C.G.A. § 50-36-2
Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. §50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s licensed by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- _____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § secure and 50-36-2(c)]

PLEASE MAIL DIRECTLY TO:

**Georgia Drugs and Narcotics Agency
254 Washington Street SW Ste G2000
Atlanta, GA 30334
404-656-5100 / 800-656-6568 / fax 404-651-8210**

PERSONNEL CERTIFICATION FORM

For All persons applying for a Georgia State Board of Pharmacy Facility

Instructions: **PLEASE RETURN ORIGINAL FORM TO ADDRESS LISTED ABOVE**

Completion of this form is a necessary part of the applicant background investigation to be conducted by the Georgia Drugs and Narcotics Agency (GDNA) as part of the licensing approval process.

This form should be completed by each person named in the application as an owner of the firm, including the President/CEO, Vice President, Secretary/Treasurer, the Pharmacist-in-Charge and the individual who is the company's contact person for the Board and GDNA. For larger corporations with multiple divisions and officers, please limit the contact personnel to 5 individuals, including the President/CEO, Vice Presidents and/or others directly responsible for drug acquisition and distribution, and the responsible person for contact with the Georgia State Board of Pharmacy and GDNA.

When an application is filed for a change of ownership, each new officer (or responsible officer) must complete the form.

All information requested on this form is mandatory. Failure to provide any and all of the requested information will result in an incomplete background investigation and rejection of the application. This information will be used to determine your qualifications for registration and licensure under the Georgia Pharmacy Law. This information may be shared with other government agencies upon receipt of an official request.

Applicant Name: _____ **Sex:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Social Security #:** _____

Contact Telephone: _____ **Contact Fax:** _____

Email Address: _____

Firm Name: _____

Position or Title: _____

On the following questions, please check the appropriate Yes or No box for each of the following questions:(You may attach a written explanation providing complete information if needed.)

Failure to provide an explanation will delay the application process

This form must be notarized and mailed to the GDNA Office at the address listed on page 1. Please do not email.

PERSONNEL CERTIFICATION FORM – Page 2

Licensure – (Must include present and previous work and ownership history for at least 20 years)	
1. Do you currently own, have owned in the past, work or worked for, any type of licensed/ permitted pharmacy, drug wholesaler, manufacturer or reverse distributor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If yes, please list the name of the firm, complete address, and date(s) of ownership and/or employment. (attach sheet(s) if necessary)	
b) If no, please explain your relationship with the firm listed on the application. (attach sheet(s) if necessary)	
2. Are you currently, or have you ever been licensed as a pharmacist? If yes, please list the state(s) where you have been licensed and the license number(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had, or been associated with a personal or firm’s professional license that has been denied, suspended, revoked, or sanctioned by this or any other state or federal governmental authority? If yes, please attach an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been arrested for, convicted of, or pled NoLo to any violation of any law of a foreign country, the United States, or any state law, including those set aside under The First Offender’s Act? Please do not include minor traffic offenses. If yes, please attach an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever owned or been associated with any firm which has been indicted, convicted of, or pled NoLo to any violation of any law of a foreign country, the United States, or any state law, including those set aside under The First Offender’s Act? If yes, please attach an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I certify under penalty of perjury of the applicable laws of the United States and the State of Georgia to the truth and accuracy of all of the foregoing information. I understand if false, inaccurate, or misleading information is provided on this document, the Georgia State Board of Pharmacy (Board) may refuse to issue or renew any facility license associated with the affiant, or the Board may suspend, revoke, fine, or sanction the facility license associated with the affiant, <u>and/or</u> the Georgia license of the affiant, if applicable, pursuant to the procedures set forth in Georgia laws or rules. And further, I hereby authorize the Georgia Drugs and Narcotics Agency to receive any Criminal History Information and Driver History Information pertaining to me which may be in the files of any local, state, or federal criminal justice agency.</p> <p>Signature: _____ Date: _____</p>	

Sworn to and subscribed before me this ____ day of _____,

Signature of Notary Public My Commission Expires: _____

NOTARY SIGNATURE & SEAL REQUIRED

This form must be notarized and mailed to the GDNA Office at the address listed on page 1. Please do **not** email.