Georgia Board of Pharmacy

PHARMACY TECHNICIAN CHANGE OF EMPLOYMENT NOTIFICATION FORM

*Please return this form to:*
 Georgia Board of Pharmacy
 2 Peachtree Street, N.W.,
 6th Floor
 Atlanta, GA 30303
 Fax: 470-386-6137

This form must be completed and returned to the Board of Pharmacy when a pharmacy technician changes employment or works at more than one pharmacy. You must notify the Board within ten (10) days if you have a change in employment. Do not use this form if the pharmacy technician is not registered with the Board. If a pharmacy technician has not initially registered with the Board, he/she may apply online at [www.gbp.georgia.gov](http://www.gbp.georgia.gov).

Pharmacy Technician Information

Name: ____________________________ Georgia Technician Registration Number: ______________________

Signature of Pharmacy Technician: ____________________________________________________________

It is the pharmacy technician’s responsibility to keep the Board informed of his/her home address. Please check the Board’s website to make sure we have your current address. If you need to update your address information, please download the change of address form and submit it to the Board office.

New Employer Information:

Name of Pharmacy: ____________________________
Pharmacy License Number: ____________________________ Start Date: ____________________________

Name and License Number of Pharmacist in Charge (PIC): ____________________________

PIC Signature: ____________________________

Previous Employer Information (if applicable):

Name of Pharmacy: ____________________________
Pharmacy License Number: ____________________________ End Date: ____________________________

Name and License Number of Pharmacist in Charge (PIC): ____________________________

PIC Signature: ____________________________
Additional Places of Employment:

Name of Pharmacy: ____________________________________________
Pharmacy License Number: ___________________________ Start Date: ____________________________

Name and License Number of Pharmacist in Charge (PIC): ____________________________________________
PIC Signature: ____________________________________________

**Per OCGA 26-4-28(7):**
The board shall be required to establish and maintain a registry of pharmacy technicians in this state which contains the name and home address of each pharmacy technician and his or her employer and location of employment. The board shall establish a process by which the pharmacist in charge of each pharmacy shall provide updated information on the pharmacy technicians in the pharmacy.

**Per OCGA 26-4-110(d):**
(d) Each pharmacy shall have a pharmacist in charge. Whenever an applicable rule requires or prohibits action by a pharmacy, responsibility shall be that of the owner and the pharmacist in charge of the pharmacy, whether the owner is a sole proprietor, partnership, association, corporation, or otherwise. The pharmacist in charge shall be responsible for notifying the board in accordance with its rules and regulations of updated information regarding the registration of pharmacy technicians.

**Per 480-15-.04 Duties of the Pharmacist in Charge Related to Registered Pharmacy Technicians.**
(a) The Pharmacist in Charge shall be responsible for:
(1) providing updated information to the Board in accordance with rules and regulations regarding the registered pharmacy technicians employed in the pharmacy for purposes maintaining the registry of registered pharmacy technicians established by the Board pursuant to paragraph (7) of subsection (a) of Code Section 26-4-28… and,
(4) Notifying the Board of any change in the employment status of all registered technicians in the pharmacy within 10 days of the technician’s separation date from employment.