



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)

Please fax a copy of this request to **470-386-6137 immediately**. Once completed, the name of the PIC will be listed on the pharmacy's license listing on the Board's website. **If you would like a hard copy of this license, please submit a check or money order in the amount of \$25.00 along with this request. This form is not to be used for a change to the pharmacist-in-charge of a nonresident pharmacy facility.**

Effective Date of PIC Change: _____

Name of Pharmacy: _____

Pharmacy License No. _____

Address of Pharmacy: _____

Name of Outgoing PIC: _____

Outgoing PIC License No.: _____

Name of Incoming PIC: _____

Incoming PIC License No.: _____

By signing below, the PIC agrees that he/she has read the Georgia State law, Georgia Board of Pharmacy Rules (specifically 480-10-.02), and Georgia Board of Pharmacy Policies and understands what those laws, rules and policies are. Furthermore, her/she understands that he/she is responsible for the pharmacy and employees of that pharmacy while he/she is the PIC. Georgia Board of Pharmacy laws, rules and policies may be found on the Board's website.

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 license 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.