



FLORIDA BOARD OF PHARMACY

4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399
Phone: (850) 245-4292 • Fax: (850) 413-6982
www.doh.state.fl.us/mqa/pharmacy

CHANGE OF CONSULTANT PHARMACIST OF RECORD

Section 465.022, *Florida Statutes*, requires the permittee and newly designated prescription department manager to notify the Board within 10 days of any change.

Rule 64B16-28.501, *Florida Administrative Code*, requires each facility holding a Class I, a Class II, or a Modified Class II Institutional permit to designate a consultant pharmacist of record to ensure compliance with the laws and rules governing the permit. The Board office shall be notified in writing within 10 days of any change in the consultant pharmacist of record.

Once completed, return the signed form to the Florida Board of Pharmacy, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3254 ATTN: Permitting or by fax (850) 413-6982 or email (MQA_Pharmacy@doh.state.fl.us). Please contact our office at (850) 245-4292 if you have any questions.

This section must be completed by the Pharmacy Permit Establishment

PHARMACY PERMIT ESTABLISHMENT NAME: _____
Print Establishment Name

PHARMACY PERMIT ESTABLISHMENT LICENSE NUMBER: PH: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ POSITION: _____

This section must be completed by the IN-COMING Consultant Pharmacist of Record

CONSULTANT PHARMACIST NAME: _____
Print Consultant Pharmacist of Record Name

CONSULTANT PHARMACIST OF RECORD SIGNATURE: _____
Signature

CONSULTANT PHARMACIST OF RECORD LICENSE NUMBER WITH PREFIX: PU: _____

DATE BEGINNING AS CONSULTANT PHARMACIST OF RECORD: ____/____/____

This section must be completed by the OUT-GOING Consultant Pharmacist of Record

CONSULTANT PHARMACIST NAME: _____
Print Consultant Pharmacist of Record Name

CONSULTANT PHARMACIST OF RECORD SIGNATURE: _____
Signature

CONSULTANT PHARMACIST OF RECORD LICENSE NUMBER WITH PREFIX: PU: _____

DATE ENDING AS CONSULTANT PHARMACIST OF RECORD: ____/____/____