



**FLORIDA BOARD OF PHARMACY**  
 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399  
 Phone: (850) 245-4292 Fax: (850) 413-6982  
 www.FloridasPharmacy.gov

**CHANGE OF PRESCRIPTION DEPARTMENT MANAGER**

Sections 465.018, 465.0197, and 465.022, *Florida Statutes*, require a community pharmacy or an internet pharmacy permittee and newly designated prescription department manager to notify the Board of any prescription department manager change within the time period required by statute.

Pursuant to section 465.022(11), F.S., a prescription department manager is responsible for obtaining and maintaining all drug records of the pharmacy, providing for the security of the prescription department, and following such other rules as relate to the practice of the profession of pharmacy.

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@flhealth.gov. Please contact our office at (850) 245-4292 if you have any questions.

<b>This section must be completed by the Pharmacy Permit Establishment</b>	
PHARMACY PERMIT ESTABLISHMENT NAME: _____	Print Establishment Name
PHARMACY PERMIT ESTABLISHMENT LICENSE NUMBER: _____	
FORMER PRESCRIPTION DEPARTMENT MANAGER NAME _____	LICENSE NUMBER: _____
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	POSITION: _____

<b>This section must be completed by the IN-COMING Prescription Department Manager</b>	
PRESCRIPTION DEPARTMENT MANAGER NAME: _____	Print Department Manager Name
PRESCRIPTION DEPARTMENT MANAGER/CONSULTANT SIGNATURE: _____	Signature
PRESCRIPTION DEPARTMENT MANAGER LICENSE NUMBER WITH PREFIX: _____	
DATE BEGINNING AS PRESCRIPTION DEPARTMENT MNAGER: ____/____/____	

<b>This section must be completed by the OUT-GOING Prescription Department Manager</b>	
PRESCRIPTION DEPARTMENT MANAGER NAME: _____	Print Name
PRESCRIPTION DEPARTMENT MANAGER SIGNATURE: _____	
PRESCRIPTION DEPARTMENT MANAGER LICENSE NUMBER WITH PREFIX: _____	
DATE ENDING AS PRESCRIPTION DEPARTMENT MANAGER RECORD: ____/____/____	