



Prescription Department Manager (PDM) Designation and Privacy Statement Acknowledgement

Section 465.022, Florida Statutes, requires the permittee and newly designated Prescription Department Manager to notify the Board of Pharmacy within ten (10) days of any change.

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

File #: (if known)	License#: (required)
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Section A. Prescription Department Manager (PDM) Designation

Applicant/Pharmacy Name:		
Applicant/Pharmacy Mailing Address:		
City	State	Zip
Incoming PDM Name:		License#:
		PS
Date Beginning as PDM:	Incoming PDM Signature	
PDM Transaction Control Number (TCN) – related to Livescan Fingerprints (optional, if known): ** For more information regarding Livescan Fingerprints to: http://flhealthsource.gov/bgs-faqs **		
OPTIONAL: Only provide the following information if there is an Outgoing PDM at current pharmacy		
Outgoing PDM Name:		License#:
		PS
Date Ending as PDM:	Outgoing PDM Signature (optional)	
Applicant/Pharmacy Representative Signature:		

Section B. Incoming PDM Privacy Statement Acknowledgement

Note: Acknowledgement should be completed by same person listed in Section A above as Incoming PDM.

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation."

Date:	Incoming PDM Signature

SEND TO: Florida Board of Pharmacy, Post Office Box 6320, Tallahassee, FL 32314-6320
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