



**Secretary of State
Office of Professional Regulation**

PHARMACY
Application Instructions for Instate Pharmacy
Change in Pharmacist Manager

The following documents must be submitted:

1. Completed Application(s). Note signatures of the outgoing pharmacist, incoming pharmacist and the owner/corporate officer are required on this application.
2. Copy of the Controlled Drug Inventory taken at the time of the change in pharmacist managers, **signed by both the outgoing pharmacist and the incoming pharmacist.**
3. Upload application and copy of the controlled drug inventory into the pharmacy's online licensing portal.

"Pharmacist-Manager" means a pharmacist currently licensed in this state who has held an unencumbered license in this or another state for at least two years, who accepts responsibility for the operation of a pharmacy in conformance with all laws and rules pertinent to the practice of pharmacy and the distribution of drugs, and who is personally in full and actual charge of such pharmacy and personnel.

See Part 6 of the Board of Pharmacy Rules which are available via our Web site:

<http://vtprofessionals.org/opr1/pharmacists/rules.asp>

A pharmacist may not serve as pharmacist-manager unless he or she is physically present in the pharmacy a sufficient amount of time (30% of the hours the prescription department is open or at least 40 hours per week, whichever is less), to provide supervision and control.

A pharmacist may not serve as pharmacist-manager for more than one pharmacy at any one time except as specifically allowed by written permission from the Board.

Board Rule 6.7 – Change of Pharmacist-Manager

When a pharmacist-manager changes employment or responsibilities, he or she shall do the following:

- (a) Within 5 days, the outgoing and incoming pharmacist-managers shall notify the Board, in writing, regarding his or her change in employment.
- (b) The outgoing pharmacist-manager shall conduct a physical written inventory of all controlled drugs, explain any discrepancies in full, certify the inventory as true and correct, and retain a copy for his or her records.
- (c) The inventory shall be certified as true and correct, by the incoming pharmacist-manager, and filed with the permanent records of the drug outlet.
- (d) The inventory shall be signed by both the incoming and outgoing pharmacist-managers, and a copy submitted to the Board as an attachment to the forms provided.
- (e) A new license, indicating the name of the new pharmacist-manager will be available upon approval

NOTE: Any change of address or other contact information, by an applicant or licensee, must be forwarded to this office no later than thirty (30) days after change occurs.



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Name of Pharmacy							
Vermont License No:							
Mailing Address, Street				City, State, Zip			
Phone		Fax		Email			

Federal Identification Number _____ / _____	Social Security No. (sole proprietor) _____ / ____ / _____
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Name of Current Pharmacist Manager (outgoing)	Middle Initial	Last Name	
Previous Name(s) (Maiden)			License Number

Name of New Pharmacist Manager (incoming)	Middle Initial	Last Name	
Previous Name(s) (Maiden)			License Number

New Pharmacist Manager's Mailing Address:	P.O. Box			
	Street/Apt #			
	City/State/Zip			
	Phone/Email			
Home Phone:	() -	Cell Phone:	() -	
Work Phone:	() -	E-Mail:		

Vermont Mandatory “Good Standing” Declarations

CHILD SUPPORT:

Child Support Orders, 15 V.S.A. § 795(c): As of the date of this application: (you must check one)	
<input type="checkbox"/>	<u>Not Applicable</u> – I am not subject to a child support order
<input type="checkbox"/>	I am in good standing*
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Office of Child Support
<input type="checkbox"/>	I am NOT in good standing*

TAXES:

Tax Compliance (32 V.S.A. § 3113(b)): As of the date of this application: (you must check one)	
<input type="checkbox"/>	<u>Not Applicable</u> – I have never lived or worked in Vermont and do not owe Vermont taxes
<input type="checkbox"/>	I am in good standing*
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes
<input type="checkbox"/>	I am NOT in good standing*

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid Judgments (4 V.S.A. § 1110(b&c)): As of the date of this application: (you must check one)	
<input type="checkbox"/>	<u>Not Applicable</u> – I do not have any unpaid judgments
<input type="checkbox"/>	I am in good standing* with the judicial bureau or district court for fines or penalties for a violation or criminal offense
<input type="checkbox"/>	I am NOT in good standing*

* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Vermont Mandatory Credential and Fitness Questions

Circle **Yes** or **No** for each of these questions. If the answer is **Yes**, follow the instructions provided.

Has Vermont or any other state, federal authority, or other jurisdiction (U.S. or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (U.S. or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently under investigation by a licensing authority? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents.</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (U.S. or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. § 129a (a)(11).

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Indicate Drug Enforcement Administration No.	
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Date physical written inventory of all controlled drugs was conducted	
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A copy of the Controlled Drug Inventory taken at the time of the change in pharmacist managers, **signed by both the outgoing pharmacist and the incoming pharmacist**, must accompany this application.

Indicate number of hours per week prescription department is open		Indicate number of hours per week Pharmacist Manager works	
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Signatures

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (3 V.S.A. §2901)

Print Name of Outgoing Pharmacist Manager			
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Signature		Date	
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I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (3 V.S.A. §2901)

Print Name of Incoming Pharmacist Manager			
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Signature		Date	
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I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (3 V.S.A. §2901)

Print Name and Title of Owner or Corporate Officer			
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Signature		Date	
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