



**Secretary of State
Office of Professional Regulation**

PHARMACY
Application Instructions for Change in Pharmacist in Charge

1. Complete the attached two forms (statement of pharmacist in charge and affirmation form) and upload completed forms to the entities online licensing account using the update license application feature.

NOTE: Any change of address or other contract 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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**PHARMACY
Statement(s) of Pharmacist in Charge**

Name of Drug Outlet or Pharmacy			
Pharmacy Address City, State, Zip			
Pharmacy License #		Email Address	
Print your name as a Pharmacist Manager Attesting to the statements below			

1. I certify that the applicant has the ability to provide the board a record of a prescription drug order dispensed by the applicant to a resident of this state no later than 72 hours after a request for the record by the board.
2. I certify that I am the pharmacist manager and that I have read and understand the Vermont laws and rules relating to a non-resident pharmacy.
3. I certify that during its regular hours of operation, but not fewer than six days per week, for a minimum of 40 hours per week, a toll-free telephone service is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to patients records. The toll-free number must be disclosed on the label affixed to each container of drugs dispensed to residents of the state.

Statement of Applicant

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. (13 V.S.A. §2901)	
Signature of Pharmacist Manager	Date

Affix Prescription Label below or provide separately.



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**PHARMACY
Affirmation**

Name of Drug Outlet or Pharmacy			
Your Name			
Your Address City, State, Zip			
Date of Birth		Email Address	

Check Applicable position or title:

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Corporate Officer
<input type="checkbox"/> Director	<input type="checkbox"/> Pharmacist-Manager	<input type="checkbox"/> Other

The Board's Rules require an Affirmation by the sole proprietor, or all partners, or corporate officers and directors, and the pharmacist-manager (or contact person at a wholesale or manufacturing facility), that they have not been convicted of, and are not under indictment for, any felony or misdemeanor arising from the violation of any drug or pharmacy related law.

Have you been convicted of, or under indictment for, any felony or misdemeanor arising from the violation of any drug or pharmacy related law? If "Yes," attach court documents.	Yes	No
Has Vermont, any other state, territory, or other jurisdiction 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? If "Yes," provide a certified copy of the action.	Yes	No
Has Vermont, any other state, territory, or other jurisdiction denied your application for a license, certificate, or registration in any profession or occupation? If "Yes," provide a certified copy of the order or official notification of the Board action.	Yes	No

CERTIFICATION OF APPLICANT

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 for licensure/certification/registration. (The maximum penalty for perjury is Fifteen years in prison and/or a \$10,000 fine.) (3 V.S.A. §2901)

Signature: _____ **Date:** _____

STATE OF _____ **COUNTY OF** _____.

Subscribed and sworn to before me this _____ day of _____, 20____
(year)

Notary Public

Commission Expires: _____