Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
        Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

PHARMACY EXAMINING BOARD

CHANGE IN MANAGING PHARMACIST
(For In-State Pharmacies only)

PLEASE TYPE OR PRINT IN INK.

Wis. Admin. Code § Phar 6.03 - The Pharmacy owner shall report to the Board any change of Managing Pharmacist within five (5) days following change.

Complete the following and return to the Pharmacy Examining Board at the address listed above. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or DSPSCredPharmacy@wisconsin.gov.

Pharmacy Name:

Pharmacy’s License #:

NEW MANAGING PHARMACIST

Name:

Signature:

Date:

License #:

Starting Date:

PREVIOUS MANAGING PHARMACIST

Name:

License #:

Starting Date:

Ending Date:

#2516 (Rev. 10/16)
Ch. 450, Stats.

Committed to Equal Opportunity in Employment and Licensing