Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way

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PHARMACY EXAMINING BOARD

MANAGING PHARMACIST NOTIFICATION AND REQUEST FORM

(For Wisconsin In-State Pharmacies only)

	submit form to the Pharmacy over letter to (608) 251-3036 o	O		bove. Y	ou may fax or e-ma	ail
Type of notification or reque	est (check one):					
	macist Notification - Per Wis. A acist within five (5) days follow				report to the Board	any
☐ Managing Pharmacist Remote Dispensing Notification – Per Wisconsin EmR2213 a managing pharmacist shall report to the Board if they are responsible for 5 or more remote dispensing sites. (Complete Section B only.)						
	uest for Approval – Per Wisconsites at any given time without					:
SECTION A - Change in Ma	nnaging Pharmacist Notificati	on				
Pharmacy Name:				Pharmacy's License Number:		
						-42
NEW MANAGING PHARM	IACIST		l.			
Name:				License Number:		
						-40
		Pharmacist Signature:	L			<u>.l</u>
Starting Date:	Signature Date:	(If unable to provide a dig	gital signature, p	lease pri	nt and sign form.)	
PREVIOUS MANAGING P	HARMACIST					
Name: License Number:						
						-40
Starting Date:	Ending Date:		I			
SECTION B - Managing Phan	rmacist Remote Dispensing No	tification				
Managing Pharmacist Name:				License Number:		
List ALL Wisconsin institution which you will serve as a mana	nal pharmacies (limit one), com aging pharmacist.	nmunity pharmacies (limit o	one), and remote	dispensi	ng sites (up to 10) f	or
Pharmacy/Remote Dispensing Site Name			License Nun	mber Type		
				-42	Institutional Pharma	су
				-42	Community Pharma	су
				-42	Remote Dispensing	Site
				-42	Remote Dispensing	Site

Section B is continued on Page 2.

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Section, B continued from Page 1.			
Pharmacy/Remote Dispensing Site Name	License Nun	ıber	Type
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
IF COMPLETING SECTION B ONLY, SIGN AND DATE HERE. IF ALSO COMPLE	TING SECTION C, S	IGN AN	D DATE IN SECTION C.
Managing Pharmacist Signature: (If unable to provide a digital signature print and	sign form.) Date:		
		/	
GEOTION G. M		DEDI	COLUBED
SECTION C - Managing Pharmacist Request for Approval – Completion of SE		AKE KI	EQUIRED.
After the completion of Section B (above), list remote dispensing sites in excess of	1	.1	T
Remote Dispensing Site Name	License Nun		Type Remote Dispensing Site
		-42	
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
		-42	Remote Dispensing Site
Will you be managing more than 10 remote dispensing sites at any given time? approval along with narrative below.	☐ Yes ☐ No If yes	, provid	de a request for Board
Provide a narrative request for Board approval to manage over 10 remote dispensing and detail how the required level of supervision will be provided. Attach additional remote dispensing sites at any given time cannot commence until Board approv	sheets if necessary. N	Ianage i	
Managing Pharmacist Signature: (If unable to provide a digital signature print and	sign form.) Date:		

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