Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way Madison, WI 53705 Phone Number: (608) 266-2112 LicensE Portal: License.wi.gov Email: dsps@wisconsin.gov Website: http://dsps.wi.gov

PHARMACY EXAMINING BOARD

MANAGING PHARMACIST NOTIFICATION AND REQUEST FORM

(For Wisconsin In-State Pharmacies only)

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

Type of notification or request (check one):

Change in Managing Pharmacist Notification - Per Wis. Admin. Code § <u>Phar 6.03</u>, the pharmacy owner shall report to the Board any change of managing pharmacist within five (5) days following the change. (Complete Section A **only**.)

Managing Pharmacist Remote Dispensing Notification – Per Wisconsin <u>EmR2213</u> a managing pharmacist shall report to the Board if they are responsible for 5 or more remote dispensing sites. (Complete Section B **only**.)

Managing Pharmacist Request for Approval – Per Wisconsin <u>EmR2213</u> a managing pharmacist shall not be responsible for more than 10 remote dispensing sites **a**t any given time without approval from the Board. (Complete Sections B **and** C.)

SECTION A - Change in Managing Pharmacist Notification

Pharmacy Name:				Pharmacy's License Num	ber:
					-42
NEW MANAGING PHARM	<u>MACIST</u>				
Name:				License Number:	
					-40
			Pharmacist Signature:		-
Starting Date:	Signature Date:		(If unable to provide a digital signature, please print and sign form.)		
PREVIOUS MANAGING P	HARMACIST				
Name:				License Number:	
					-40
Starting Date:	Ε	Inding Date:			

SECTION B - Managing Pharmacist Remote Dispensing Notification				
Managing Pharmacist Name:			License Number:	
List ALL Wisconsin institutional pharmacies (limit one), community pharmacies (limit one), and remote dispensing sites (up to 10) for which you will serve as a managing pharmacist.				
Pharmacy/Remote Dispensing Site Name	License Number		Туре	
		-42	Institutional Pharmacy	
		-42	Community Pharmacy	
		-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 Nur	nber	Туре	
		-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 <u>ALSO</u> COMPLETING SECTION C, SIGN AND DATE IN SECTION C.				
Managing Pharmacist Signature: (If unable to provide a digital signature print and signature)	n form.) Date:			
		/		

SECTION C - Managing Pharmacist Request for Approval – Completion of SECTIONS B and C ARE REQUIRED.

After the completion of Section B (above), list remote dispensing sites **in excess of** 10 below.

Remote Dispensing Site Name	License	Number	Туре
		-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
		-42	Remote Dispensing Site
Will you be managing more than 10 remote dispensing sites at any given time?	Yes 🗌 No 1	lf yes, provid	e a request for Board
Provide a narrative request for Board approval to manage over 10 remote dispensing site and detail how the required level of supervision will be provided. Attach additional shee remote dispensing sites at any given time cannot commence until Board approval h	ts if necessa	ary. Managen	
Managing Pharmacist Signature: (If unable to provide a digital signature print and sign	form.)	Date:	
#251((Dec. 2/20/2022)		D	2 - 62