# APPLICATION TO CHANGE PHARMACIST-IN-CHARGE

FOR OFFICIAL USE ONLY

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Attn: Division of Professional Regulation
320 WEST WASHINGTON, 3RD FLOOR
SPRINGFIELD, ILLINOIS 62786

IMPORTANT NOTICE: Completion of this form is required by 720 of the Illinois Compiled Statutes. Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application and may also constitute perjury under Illinois law which, upon conviction, is punishable by a prison term of up to 10 years.

## INSTRUCTIONS

1. A $25 fee, made payable to the Department of Financial and Professional Regulation, must accompany the application.
2. Affidavits on the reverse side of this application attesting to the completion of the inventory and signature of the Departing and Incoming Pharmacists-in-Charge must be completed.
3. If the Departing Pharmacist-In-Charge is not able to complete the Affidavit, the Pharmacy must provide a detailed statement of the circumstances surrounding the departure.

| | |
|---|---|
| 1. TITLE OR TRADE NAME | 2. PHARMACY IL LICENSE NUMBER |
| 3. LOCATION OF PHARMACY (Include Number, Street, City, ZIP Code) | 4. COUNTY |
| | 5. EMAIL ADDRESS |
| 6. DEPARTING PHARMACIST-IN-CHARGE | |
| a. NAME | b. SSN OR ITIN |
| c. ADDRESS (Include Number, Street, City, State, ZIP Code) | d. IL LICENSE NUMBER |
| 7. INCOMING PHARMACIST-IN-CHARGE | |
| a. NAME | b. SSN OR ITIN |
| c. ADDRESS (Include Number, Street, City, State, ZIP Code) | d. IL LICENSE NUMBER |

8. PERSONAL HISTORY INFORMATION

1. Has applicant, or any names therein listed, ever been charged in a court of law, hearing or other administrative procedure with any violation of the laws of the United States or of any of the several states relating to the practice of pharmacy, drugs, liquor, poisonous substances or any felony offense? ☐ Yes ☐ No
   (*If "Yes," state all particulars, dates, places and present status on separate sheet.)*
2. Has applicant been an owner of a pharmacy that had its certificate of registration revoked or suspended? ☐ Yes ☐ No
   *(If "Yes," provide all details on a separate sheet.) (NOTE: Owner is defined as sole proprietor, partner or shareholder who owns in excess of 5 percent of the outstanding shares of a corporation, or the spouse or children of such proprietor, partner, or shareholder, excluding publicly traded stocks.)*

This is to certify that no other change has been effected regarding the above-named pharmacy.

AFFIX PRESCRIPTION

LABEL HERE

_____
Signature of Individual
(Owner or Officer Signing Original Application)

_____
Signature of Incoming Pharmacist-in-Charge

_____
Date

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

STATE OF _____ )

COUNTY OF _____ )

AFFIDAVIT OF DEPARTING PHARMACIST-IN-CHARGE

_____, first being placed on oath, deposes and says:

1. He/She has personal knowledge of the subject matter of this affidavit.
2. He/She has made or caused to be made an inventory of:

   all Schedule II drugs, as defined in 720 of the Illinois Compiled Statutes 570/100, (Illinois Controlled Substance Act, ILL. Rev. Stat., Ch. 56 1/2, par. 1100) et. seq., by actual count; and

   all other Scheduled drugs, as defined in 720 of the Illinois Compiled Statutes 570/100, (Illinois Controlled Substance Act, ILL. Rev. Stat., Ch. 56 1/2, par. 1100) et. seq., by estimated count.
3. Said inventory is dated and signed by me as the Departing Pharmacist-in-Charge.
4. Further the affiant sayeth not.

_____
Signature of Departing Pharmacist-in-Charge

NOTARY
SEAL

Subscribed and sworn before me this _____ day of_____, _____.

_____ _____
Signature of Notary Public Expiration Date

STATE OF _____ )

COUNTY OF _____ )

AFFIDAVIT OF INCOMING PHARMACIST-IN-CHARGE

_____, first being placed on oath, deposes and says:

1. He/She has personal knowledge of the subject matter of this affidavit and is the Incoming Pharmacist-in-Charge.
2. He/She has examined the inventory dated_____, and attests to its correctness.
3. Further the affiant sayeth not.

_____
Signature of Incoming Pharmacist-in-Charge

NOTARY
SEAL

Subscribed and sworn before me this _____ day of_____, _____.

_____ _____
Signature of Notary Public Expiration Date