

**North Dakota State Board of Pharmacy**

P.O. Box 1354  
Bismarck, North Dakota 58502-1354  
Phone: (701) 328-9535  
FAX: (701) 328-9536

**FORM A**

**AFFIDAVIT OF PHARMACIST-IN-CHARGE TERMINATION**

This is to inform the Board of Pharmacy of my termination as a pharmacist-in-charge for the following drug store/pharmacy.

\_\_\_\_\_  
(Name of drug store/pharmacy)

\_\_\_\_\_  
(Permit Number) (Address) (City) (Zip)

effective \_\_\_\_\_ .  
(Exact Date)

\_\_\_\_\_  
(Signature of pharmacist-in-charge)

\_\_\_\_\_  
(License Number) (Address) (City) (Zip)

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**FORM B**

**NOTIFICATION OF SUCCESSOR PHARMACIST-IN-CHARGE**

This is to certify that \_\_\_\_\_  
(Name of Pharmacist) (License Number) (Address)

\_\_\_\_\_ will be the pharmacist-in-charge  
(City) (Zip) (Home Phone Number)

of \_\_\_\_\_ . Email = \_\_\_\_\_  
(Name of drug store/pharmacy)

\_\_\_\_\_  
(Permit Number) (Address) (City) (Zip)

REFERENCE: Regulation 61-02-01-10 Pharmacist-In-Charge—Requirement—Definition.

- Signature of owner
  - Active partner
  - Corporate officer or designate
- Check appropriate designation

\_\_\_\_\_  
(Permit Number) (Address) (City) (Zip)