

North Dakota State Board of Pharmacy

1906 East Broadway Ave

Bismarck, North Dakota 58501-4700

ndboph2@ndboard.pharmacy

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)

North Dakota #

Phar _____

(Permit Number)

(Address)

(City)

(State)

(Zip)

effective _____
(Exact Date)

(Name of PAST pharmacist-in-charge)

North Dakota State Board of Pharmacy

1906 East Broadway

Bismarck, North Dakota 58501-4700

Phone: (701) 328-9535

FAX: (701) 328-9536

FORM B

NOTIFICATION OF SUCCESSOR PHARMACIST-IN-CHARGE

This is to certify that _____
(Name of Pharmacist) **RPh or PharmD** _____
(License Number)

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

of _____ Email = _____
(Name of drug store/pharmacy)

Phar _____

(ND License #)

(Address)

(City)

State

(Zip)

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

Current Pharmacist-in-Charge Signature

_____ **If Applicable**
North Dakota Pharmacist License #