

North Dakota State Board of Pharmacy

1838 E Interstate Ave Suite D

Bismarck, North Dakota 58503

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Phone: (701) 877-2404 FAX: (701) 877-2405

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)

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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 _____

(Name of drug store/pharmacy)

Email = _____

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 #