PHARMACY EMPLOYEE UPDATE

Do not use this form for a change of pharmacist-in-charge. Use additional sheets if necessary.
The form may be faxed to the Board office at (803) 896-4596.

Permit #_____ Pharmacy:_____

Pharmacy Address:_____
STREET ADDRESS CITY STATE ZIP CODE

Pharmacist-in-charge:_____

License #_____

List the name, profession, license or registration number and work status of the pharmacists, pharmacy technicians and interns that are employed by this facility. All requested information must be provided.

Profession
PH - Pharmacist
PI - Pharmacist Intern
PT - Registered Pharmacy Technician
CPT - State Certified Pharmacy Technician

Work Status
PT - Part time
FT - Full time

Name	Profession	License/Reg.#	Work Status