



South Carolina Department of Labor, Licensing and Regulation  
**Board of Pharmacy**  
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[www.llronline.com/POL/Pharmacy/](http://www.llronline.com/POL/Pharmacy/)



**PHARMACY INTERN NOTIFICATION OF PHARMACIST-IN-CHARGE CHANGE**

Intern Name \_\_\_\_\_ Intern Certificate Number \_\_\_\_\_

**CURRENT PIC INFORMATION**

Please **print** the following information:

Name of Pharmacist-in-Charge \_\_\_\_\_

License Number \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_

Permit Number \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

**PREVIOUS PIC INFORMATION**

Name of Pharmacist-in-Charge \_\_\_\_\_

License Number \_\_\_\_\_

**This form must be completed and returned to the Board office within ten (10) days of employment change. This form may be faxed to the office at 803-896-4596.**