



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
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llr.sc.gov/bop

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 _____ Effective Date _____

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 change in supervising pharmacist. Email this form to contact.pharmacy@llr.sc.gov.