

Name Change Form - Pharmacy



Please complete and return this form to:

North Carolina Board of Pharmacy
6015 Farrington Road, Suite 201
Chapel Hill, North Carolina 27517
Phone: (919) 246-1050
or Fax to: (919) 246-1056
or email to Wendy Watson, wwatson@ncbop.org

Please complete this form 7 - 10 business days prior to the Pharmacy name change. The change will be processed on the effective date.

North Carolina Pharmacy Permit #:

Current name:

New name:

Effective Date:

Has any change in ownership taken place? (YES/NO):

Reason for name change:

Form completed by:

Email:

Phone #: