

# PHARMACY NON-CONTROLLING OFFICER / OWNER CHANGE FORM

REFER TO EXPLANATION AT THE BOTTOM OF THIS FORM TO DETERMINE IF THIS APPLIES TO YOUR PERMIT



Fax to (919) 246-1056, Attention: Debbie Stump or email to: [dstump@ncbop.org](mailto:dstump@ncbop.org)

**North Carolina Board of Pharmacy**  
6015 Farrington Road, Suite 201, Chapel Hill, NC 27517

Pharmacy Permit Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

NAMES OF OFFICERS AND OTHERS. INDICATE AMOUNT, WHERE APPROPRIATE, OF STOCK OWNED IF MORE THAN 10%. ALL HOSPITALS OR GOVERNMENT UNITS MUST COMPLETE THIS SECTION WITH EQUIVALENT OFFICIALS. NOTE APPLICABLE TITLES AND MAKE CHANGES WHERE NECESSARY:

NAME AND TITLE:

PERCENTAGE %:

PRESIDENT OR  
EQUIVALENT

\_\_\_\_\_

VICE PRESIDENT  
OR EQUIVALENT

\_\_\_\_\_

SECRETARY OR  
EQUIVALENT

\_\_\_\_\_

TREASURER OR  
EQUIVALENT

\_\_\_\_\_

OTHER, CORP, BUSINESS  
ENTITY OR EQUIVALENT

\_\_\_\_\_

AUTHORIZED EXECUTIVE (NAME):  
*(Executive Officer who is authorized to  
sign on behalf of corporation, business)*

AUTHORIZED EXECUTIVE (TITLE):

NOTE: Attachments for Corporate Information such as Organization Charts, Officer Lists, Entity Information, etc. can be attached.

**21 NCAC 46 .1603 WHEN NEW PERMIT REQUIRED - A new pharmacy, device, or medical equipment permit is required for a new location, a change to a different or successor business entity, or a change resulting in a different person or entity owning more than 50 percent interest in the permit holder or any entity in the chain of ownership above the permit holder, except as provided in 21 NCAC 46 .1604 of this Section. A new permit is required if there is a change in the authority to control or designate a majority of the members or board of directors of a nonprofit corporation holding a pharmacy permit or any nonprofit corporation in the chain of ownership above the permit holder.**

Instructions: In order to do a transfer of ownership you need to do the following: Submit the completed application to the Board (found on the Board's web site under Pharmacy), make sure to complete the entire application including Items #3 and #8 (Ownership Table). Send in prior to transfer (at least six weeks) so the application can be reviewed and processed on the transfer date. The Board does not post-date or pre-date transfers of ownership.

If unsure, or if you have questions, please contact Wendy Watson at [wwatson@ncbop.org](mailto:wwatson@ncbop.org).

Pharmacy - revised March 2016