

INSTRUCTIONS FOR NOTIFYING THE BOARD OF A CHANGE IN PHARMACIST-MANAGER:

If there is a Pharmacist-Manager change at a pharmacy, please follow the instructions **on the back of the renewal certificate. (SEE SAMPLE BELOW.)** The fee is **\$35.00. NO PHOTOCOPIES ACCEPTED.**

For pharmacies OUTSIDE North Carolina: Follow the same procedures as above, then also [complete this form \(Out-of-State Pharmacy/Pharmacist Certification\)](#) and submit all paperwork to the Board.

Questions? Email Wendy Watson at wwatson@ncbop.org or call 919.246.1050 ext. 221.

FRONT OF RENEWAL

Permit No. _____



NORTH BOARD OF CAROLINA PHARMACY

This is to Certify
That the **PHARMACY PERMIT** to Operate

Located at _____ County of _____

has been renewed for the year ending December 31, 2009, pursuant to law and in accordance with the representations made in the application therefore. The issuance of this renewal permit is not complete and the permit is not valid until countersigned in the space indicated below by the pharmacist-manager as represented in the application. **THIS PERMIT CERTIFICATE MUST BE CONSPICUOUSLY DISPLAYED IN THE PHARMACY TO WHICH IT APPLIES.** Pharmacy permits are not transferable and may be revoked for the causes specified in the Law and the Rules and Regulations of the Board. (In the event of change of pharmacist-manager, see instructions on reverse side of this certificate.)

Countersigned _____ Pharmacist-Manager

Issued _____



PRESIDENT



EXECUTIVE DIRECTOR

BACK OF RENEWAL

INSTRUCTIONS FOR CHANGE OF PHARMACIST-MANAGER

This permit has been issued to the pharmacist-manager pursuant to the joint application with the owner and is valid only so long as this pharmacist exercises the office of pharmacist-manager of the pharmacy for which the permit is issued. In the event a change of pharmacist-manager occurs during the period for which this permit is issued, the pharmacist-manager must return the permit to the Board. The permit may be reissued to the successor as pharmacist-manager on the condition that such successor execute certificate below. In the event the certificate has not been signed by the successor when the permit is returned to the Board, the permit will be held in trust until such time as a pharmacist-manager assumes the responsibility of this office by executing the said certificate. Board rule requires that address changes, including pharmacist-manager changes, be reported within 30 days of the change or be held in violation of Board rules.

CERTIFICATE OF SUCCESSOR AS PHARMACIST-MANAGER

I do hereby certify that I am a licensed pharmacist, holding in good standing a license to practice in this jurisdiction, and that I am employed as the pharmacist-manager in the pharmacy for which the reissue of a permit is sought. I do further certify that as pharmacist-manager I am responsible for the conducting and management of the pharmacy for which the reissue of this permit is sought. I understand that the reissued permit is not valid until it is countersigned by me on the face of the permit. I agree as pharmacist-manager to display, in a prominent place in the pharmacy, the permit reissued pursuant to this certification. I understand that it is not transferable and that any change in ownership of the store or pharmacy or in my position as pharmacist-manager requires that the Board be immediately notified, and that this permit be returned to the Board for issuance of a new permit in the case of change of ownership, or, in the latter case, to be held until such time as suitable replacement has been secured. I also certify that I understand the requirements of the laws of the state as they relate to the operation of a pharmacy or drugstore and in particular to the dispensing of drugs and the filing of prescriptions. I do further certify that I understand the requirements of and am willing to assume the responsibility as the pharmacist-manager of the pharmacy for which this certification is made (according to NC GS 90-85.21 and 21 NCAC 46.1312: (a) "Pharmacist-Manager" means the person who accepts responsibility for the operation of a pharmacy in conformance with all statutes and regulation pertinent to the practice of pharmacy and distribution of drugs by signatures on the permit application, its renewal or addenda thereto. A person cannot serve as a pharmacist-manager at more than on pharmacy at any one time except for limited service permits which may be considered on an individual basis; (b) Whenever a change of ownership or change of pharmacist-manager occurs, the successor pharmacist-manager is responsible for an inventory of all controlled substances in the pharmacy within ten days. A written record of such inventory, signed and dated by the responsible pharmacist-manager, shall be maintained in the pharmacy with other controlled substances records for three years; (c) The pharmacist-manager employed or otherwise engaged to supply pharmaceutical services may have a flexible schedule of attendance but must be present for at least 1/2 the hours the pharmacy is open or 32 hours a week; a pharmacist employee not meeting this requirement may serve as pharmacist-manager of the permit holder temporarily for a period not to exceed 90 days from the departure date of the previous pharmacist-manager, if the pharmacist employee is present at least 20 hours per week in the pharmacy; (d) Each pharmacist-manager has the responsibility to assure that prescription legend drugs and controlled substances are safe and secure within the pharmacy.

Signed: _____

Pharmacist-Manager License No. _____

Date _____

E-Mail Address of Pharmacist-Manager _____

Check here if you are acting as a temporary pharmacist-manager under the 90 day rule, as stated above.

CHANGE OF PHARMACIST-MANAGER FEE-\$35.00

NEW PHARMACIST-MANAGER: SIGN HERE and return renewal certificate to the Board office along with the \$35.00 fee.