

CPP INSTRUCTIONS

You must update the Board of Pharmacy when you change the content of your protocol, add/delete a practice site, or add/delete a supervising (primary and back up) physician.

If there are no changes to the content of your protocol and you are only adding/deleting a site/physician, please follow these instructions. Please note, there is an online part and a paper part to the update.

- **Log in to your profile**
- **Click on your CPP tile**
- **Click on the PRACTICES tile**
- **On this practice update, you will make the changes you need. All your practice sites and all of your physicians need to be listed here. If a site or physician is not listed here, the update will not be processed.**
 - **Please follow the instructions on the page. All sites/physicians that are being deleted will turn red. Sites that are being added, will turn green. Physicians being added will turn yellow/gold.**
- **Once you complete your updates, click NEXT and SUBMIT to submit your update.**

The second part to the update is a paper form that needs to be uploaded. Please complete the form on the next page.

Once the form is complete, you'll need to upload it to the online practice update. Here's how:

- **Log in to your profile**
- **Click on your CPP tile**
- **Under Application History, click on the tile that says UNDER REVIEW**
- **Click the blue upload button to upload your completed form**

I will be notified that the form has been uploaded and you should allow 10-14 business days for the update to be reviewed and processed.

Please keep in the mind that everything on the online update needs to match the paper form. If items are missing, the processing time will be delayed.

NORTH CAROLINA BOARD OF PHARMACY CLINICAL PHARMACIST PRACTITIONER CHANGE OF STATUS FORM

Print Form

This form can be used for a change in practice site or a change in supervising physician within a previously approved physician group / protocol.

Please submit an online Practice Update and upload this completed form to the update. The form should be typed or neatly printed. For questions, email Missy Betz, mbetz@ncbop.org.

Required materials to keep on file at CPP practice sites:

- CME documentation (see rule 21 NCAC 46.3101)
- Signed CPP protocol with primary supervising physician

Suggested materials to keep on file at CPP practice sites:

- N.C. General Statutes governing clinical pharmacist practitioners (90-18.4)
- Regulations of the NC Board of Pharmacy and the NC Medical Board
- Change of Status Form acknowledgment document from the NC Board of Pharmacy
- Photocopy of annual registration application and certificate
- Photocopy of completed Change of Status form(s) submitted to the Board
- Photocopy of correspondence sent to and received from the Boards
- Blank Change of Status form and instructions for future use

There is no fee required for the Change of Status form. Please notify the Board's office in writing when employment has been terminated. Please include the name of the practice, practice address, name of the primary and backup supervising physician(s) and effective date.

*****Please note that this form may be administratively approved.***

CLINICAL PHARMACIST PRACTITIONER CHANGE OF STATUS FORM

FORMS MUST BE TYPED OR NEATLY PRINTED.

I. PLEASE CHECK ALL THAT APPLY:

- Add/change site with same physician group and same protocols. Complete pages 1, 2, and 4.
- Add/change supervising physician with same physician group and same protocols. Complete pages 1, 3, and 4.

II. CLINICAL PHARMACIST PRACTITIONER INFORMATION:

CPP Full Name (*first*): _____ (*middle*): _____ (*last*): _____

Name of Principal Practice: _____

Practice Address: _____

Practice Phone #: _____ Home Phone #: _____

Practice Fax #: _____ Home Fax #: _____

Home Address: _____

Date of Birth (*mm*): ____ (*dd*): ____ (*yyyy*): _____ NC CPP Approval #: _____

Preferred mailing address: home work

Preferred public address (will be listed on the Internet): home work

County in which practice is located: _____ County in which you live: _____

III. CURRENT PRIMARY SUPERVISING PHYSICIAN INFORMATION:

Primary Supervising Physician Name: _____

Name of Physician's Principal Practice: _____

Practice Address: _____

Practice Phone #: _____ NC Medical License #: _____

CLINICAL PHARMACIST PRACTITIONER CHANGE OF STATUS FORM

ADD/CHANGE PRACTICE SITE(S) WITH SAME PHYSICIAN GROUP AND SAME PROTOCOL

Complete the section below. Please attach additional sheets if necessary.

Add Practice Site *Remove Practice Site*

Practice Name: _____

Practice Address: _____

Practice Phone #: _____ Practice Fax #: _____

Add Practice Site *Remove Practice Site*

Practice Name: _____

Practice Address: _____

Practice Phone #: _____ Practice Fax #: _____

Add Practice Site *Remove Practice Site*

Practice Name: _____

Practice Address: _____

Practice Phone #: _____ Practice Fax #: _____

CLINICAL PHARMACIST PRACTITIONER CHANGE OF STATUS FORM

ADD/CHANGE SUPERVISING PHYSICIAN(S) WITH SAME PHYSICIAN GROUP AND SAME PROTOCOL

Complete the section below. Please attach additional sheets if necessary.

Add Primary Physician

Remove Primary Physician (if you are removing a primary physician, you must be adding a primary physician.)

Add Backup Physician

Remove Backup Physician

Physician (Print name and signature and date): _____

Name of Physician's Principal Practice: _____

Practice Address: _____

Practice Phone #: _____

NC Medical License #: _____

Add Primary Physician

Remove Primary Physician (if you are removing a primary physician, you must be adding a primary physician.)

Add Backup Physician

Remove Backup Physician

Physician (Print name and signature and date): _____

Name of Physician's Principal Practice: _____

Practice Address: _____

Practice Phone #: _____

NC Medical License #: _____

Add Primary Physician

Remove Primary Physician (if you are removing a primary physician, you must be adding a primary physician.)

Add Backup Physician

Remove Backup Physician

Physician (Print name and signature and date): _____

Name of Physician's Principal Practice: _____

Practice Address: _____

Practice Phone #: _____

NC Medical License #: _____

Add Primary Physician

Remove Primary Physician (if you are removing a primary physician, you must be adding a primary physician.)

Add Backup Physician

Remove Backup Physician

Physician (Print name and signature and date): _____

Name of Physician's Principal Practice: _____

Practice Address: _____

Practice Phone #: _____

NC Medical License #: _____

CERTIFICATION OF UNDERSTANDING AND COMPLIANCE:

Print Form

The undersigned have read this form and certify that the information contained herein is correct to the best of their knowledge.

The undersigned further certify that they have carefully read and understand the law and regulations regarding clinical pharmacist practitioners. The undersigned agree to fully comply with such statutes and regulations.

The undersigned physician accepts responsibility for the applicant's conduct as a clinical pharmacist practitioner under the physician's supervision and understands that conduct which violates the laws and regulations governing clinical pharmacist practitioners may subject the supervising physician to sanctions including suspension or revocation of the physician's license to practice medicine in North Carolina.

Date

Clinical Pharmacist Practitioner (original signature)

Full Name (typed or printed legibly): _____

Date

*Primary Supervising Physician (original signature)

Full Name (typed or printed legibly): _____

**If the primary supervising physician is changing through submission of this form, the new primary supervising physician should sign.*