



CLINICAL PHARMACIST PRACTITIONER "PRIMARY" AND "BACK-UP" SUPERVISING PHYSICIANS DESIGNATION FORM

NORTH CAROLINA BOARD OF PHARMACY

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Please complete and return to dstump@ncbop.org.

CLINICAL PHARMACIST PRACTITIONER INFORMATION

CPP Full Name: (First) (Middle) (Last)

CPP Approval #: NC Pharmacist License #:

Name of Practice Site:

Primary Supervising Physician Name:

NC Medical License #:

Back-up Supervising Physician Name:

NC Medical License #:

If you have additional Back-up Supervising Physicians you may use as many copies of this form as you need.