

Pharmacist Name Change Notification Form



Please complete and return this form along with accompanying documentation to:

North Carolina Board of Pharmacy
6015 Farrington Road, Suite 201
Chapel Hill, North Carolina 27517
Phone: (919) 246-1050

or email to Missy Betz, mbetz@ncbop.org

Please complete this form within 30 days of your name change. Must be accompanied by one of the following documents showing proof of your legal name change: A marriage license, final divorce decree or a court order indicating the name change. Copies sent to the Board must be legible and faxes will not be accepted.

Previous Name of Pharmacist:

License Number:

New Name of Pharmacist:

Date Name Change Effective: