

# Pharmacist Change of Employment / Business Address Notification Form



Please complete and return this form to:

North Carolina Board of Pharmacy  
6015 Farrington Road, Suite 201  
Chapel Hill, North Carolina 27517  
or Fax to: (919) 246-1056  
or email to Missy Betz, [mbetz@ncbop.org](mailto:mbetz@ncbop.org)

This form must be completed and returned to the NC Board of Pharmacy within 30 days of an employment or business address change.

If you work at multiple pharmacies, please email [Missy Betz](mailto:Missy Betz) directly.

Please [log in through our website](#) to update your home address, your email address, and/or your phone number.

## **Section I - Pharmacist Information**

Pharmacist Name:

North Carolina License #:

Email Address:

## **Section II - New Employer Information**

- Check if Applicable:  Pharmacist-Manager ([Click here](#) for PM Change instructions.)  
 Staff Pharmacist  
 Floater (If you are a floater pharmacist, please provide the DISTRICT OFFICE ADDRESS & PHONE NUMBER below.)  
 Unemployed (If you are unemployed, please check here and leave the rest of this section blank.)  
 Retired (If you are no longer working, please check here and leave the rest of this section blank.)

Name of Pharmacy:

Pharmacy Permit #:  Start Date:

Pharmacy Address:

City:  State:  Zip:

Number of hours worked per week:  Business Phone:

## **Section III - Previous Employer Information**

- Check if Applicable:  Pharmacist-Manager  
 Staff Pharmacist

Name of Pharmacy:

Pharmacy Permit #:  End Date:

Pharmacy Address:

City:  State:  Zip: