

Technician Change of Employment / Business Address Notification Form



Please 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 [Debbie Stump, dstump@ncbop.org](mailto:dstump@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 [Debbie Stump](mailto:dstump@ncbop.org) directly.

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

Section I - Technician Information

Technician Name:

North Carolina Registration #: Email Address:

Section II - New Employer Information

Unemployed (If you are unemployed, please check here and leave the rest of this section blank.)

Name of Pharmacy:

Pharmacy Permit #: Start Date:

Pharmacy Address:

City: State: Zip:

Pharmacist Manager: License #:

Section III - Previous Employer Information

Name of Pharmacy:

Pharmacy Permit #: End Date:

Pharmacy Address:

City: State: Zip: