



FLORIDA BOARD OF PHARMACY

4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399
Phone: (850) 245-4292 • Fax: (850) 413-6982
www.doh.state.fl.us/pharmacy/

NONRESIDENT STERILE COMPOUNDING PERMIT
CHANGE IN PHARMACIST

Use this form to comply with Rule 64B16-28.100 (9), (c), F.A.C. Once completed, return the signed form to the Florida Board of Pharmacy, 4052 Bald Cypress Way, Bin C04, Tallahassee, FL 32399-3254 ATTN: Permitting or by fax (850) 413-6982 or email Info@floridaspharmacy.gov Please contact our office at (850) 245-4292 if you have any questions.

This section must be completed by the permit holder.

PERMIT ESTABLISHMENT NAME: _____
Print Establishment Name

PERMIT ESTABLISHMENT LICENSE NUMBER: PH: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ POSITION: _____

Nonresident Pharmacy Permits- This section must be completed by the in-coming Prescription Department Manager or Pharmacist in Charge.

Outsourcing Facilities- This section must be completed by the in-coming Supervising Pharmacist.

NAME: _____
Print Name

SIGNATURE: _____
Signature

LICENSE NUMBER WITH PREFIX (IF APPLICABLE) : _____

DATE BEGINNING AS PRESCRIPTION DEPARTMENT MANAGER, PHARMACIST IN CHARGE, OR SUPERVISING PHARMACIST
____/____/____

Nonresident Pharmacy Permits- This section must be completed by the out-going Prescription Department Manager or Pharmacist in Charge.

Outsourcing Facilities- This section must be completed by the out-going Supervising Pharmacist.

NAME: _____
Print Name

SIGNATURE: _____
Signature

LICENSE NUMBER WITH PREFIX (IF APPLICABLE): _____

DATE BEGINNING AS PRESCRIPTION DEPARTMENT MANAGER, PHARMACIST IN CHARGE, OR SUPERVISING PHARMACIST
____/____/____