



Consultant Pharmacist of Record (COR) Designation and Privacy Statement Acknowledgement

Section 465.022, Florida Statutes, requires the permittee and newly designated Consultant Pharmacist of Record (COR) to notify the Board of Pharmacy within ten (10) days of any change.

Rule 64B16-28.501, Florida Administrative Code, requires each facility holding a Class I, Class II, or a Modified Class II Institutional Pharmacy or Special Assisted Living Facility Permit to designate a COR to ensure compliance with the laws and rules governing the permit. The Board Office shall be notified in writing within ten (10) days of any change in the COR.

File #: (if known)	License#: (required)
- - - - -	PH

Section A. Consultant Pharmacist of Record (COR) Designation

Applicant/Pharmacy Name:		
Applicant/Pharmacy Mailing Address:		
City	State	Zip
Incoming COR Name:		License#:
		PU
Date Beginning as COR:	Incoming COR Signature:	
COR Transaction Control Number (TCN) – related to Livescan Fingerprints: <i>(optional, if known):</i> ** For more information regarding Livescan Fingerprints to: http://flhealthsource.gov/bgs-faqs **		
OPTIONAL: Only provide the following information if there is an Outgoing COR at the current pharmacy		
Outgoing COR Name:		License#:
		PU
Date Ending as COR:	Outgoing COR Signature (optional):	
Applicant/Pharmacy Representative Signature:		

Section B. Incoming COR Privacy Statement Acknowledgement

Note: Acknowledgement should be completed by same person listed in Section A above as Incoming COR.

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation."

Date:	Incoming COR Signature:

SEND TO: Florida Board of Pharmacy, Post Office Box 6320, Tallahassee, FL 32314-6320
(850) 245-4474 (phone) * (850) 921-5389 (fax) * MQAPharmPDMAffiliate@flhealth.gov - email