



**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/

**CHANGE OF PRESCRIPTION DEPARTMENT MANAGER**

Section 465.018, *Florida Statutes*, requires the permittee and newly designated prescription department manager to notify the Board within 10 days of any pharmacy manager change.

Rule 64B16-27.104(5), *Florida Administrative Code*, requires community pharmacy permittee to designate a prescription department manager for maintaining all drug records, providing for the security of the prescription department and following such other rules as relate to the practice of the profession of pharmacy.

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 (MQA\_Pharmacy@doh.state.fl.us Feedback). Please contact our office at (850) 245-4292 if you have any questions.

<b>This section must be completed by the Pharmacy Permit Establishment</b>	
PHARMACY PERMIT ESTABLISHMENT NAME: _____	Print Establishment Name
PHARMACY PERMIT ESTABLISHMENT LICENSE NUMBER: PH: _____	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	POSITION: _____

<b>This section must be completed by the IN-COMING Prescription Department Manager</b>	
PRESCRIPTION DEPARTMENT MANAGER/CONSULTANT NAME: _____	Print Department Manager or Consultant
PRESCRIPTION DEPARTMENT MANAGER/CONSULTANT SIGNATURE: _____	Signature
PRESCRIPTION DEPARTMENT MANAGER/CONSULTANT LICENSE NUMBER WITH PREFIX: _____	
DATE BEGINNING AS PRESCRIPTION DEPARTMENT MANAGER OR CONSULTANT _____/_____/_____	

<b>This section must be completed by the OUT-GOING Prescription Department Manager or Consultant</b>	
PRESCRIPTION DEPARTMENT MANAGER/CONSULTANT NAME: _____	Print Department Manager or Consultant
PRESCRIPTION DEPARTMENT MANAGER/CONSULTANT SIGNATURE: _____	Signature
PRESCRIPTION DEPARTMENT MANAGER/CONSULTANT LICENSE NUMBER WITH PREFIX: _____	
DATE ENDING AS PRESCRIPTION DEPARTMENT MANAGER OR CONSULTANT: _____/_____/_____	