



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/mqa/pharmacy

CHANGE OF CONSULTANT PHARMACIST OF RECORD

Rule 64B16-28.501, *Florida Administrative Code*, requires each facility holding a Class I, a Class II, or a Modified Class II Institutional permit to designate a consultant pharmacist of record to ensure compliance with the laws and rules governing the permit. The Board office shall be notified in writing within 10 days of any change in the consultant pharmacist of record.

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.

This section must be completed by the Pharmacy Permit Establishment	
PHARMACY PERMIT ESTABLISHMENT NAME: _____	Print Establishment Name
PHARMACY PERMIT ESTABLISHMENT LICENSE NUMBER: _____	
FORMER CONSULTANT PHARMACIST NAME: _____	
AND LICENSE NUMBER: _____	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	POSITION: _____

This section must be completed by the IN-COMING Consultant Pharmacist of Record	
CONSULTANT PHARMACIST NAME: _____	Print Consultant Pharmacist of Record Name
CONSULTANT PHARMACIST OF RECORD SIGNATURE: _____	Signature
CONSULTANT PHARMACIST OF RECORD LICENSE NUMBER WITH PREFIX: _____	
DATE BEGINNING AS CONSULTANT PHARMACIST OF RECORD: ____/____/____	

This section must be completed by the OUT-GOING Consultant Pharmacist of Record	
CONSULTANT PHARMACIST OF RECORD NAME: _____	Print Consultant Pharmacist of Record Name
CONSULTANT PHARMACIST OF RECORD SIGNATURE: _____	Signature
CONSULTANT PHARMACIST OF RECORD LICENSE NUMBER WITH PREFIX: _____	
DATE ENDING AS CONSULTANT PHARMACIST OF RECORD: ____/____/____	