



INDIANA BOARD OF PHARMACY CHANGE OF QUALIFYING PHARMACIST

State Form 1572 (R3 / 2-06)

INSTRUCTIONS: Complete, sign and return along with the original pharmacy permit (maintaining a copy of permit for your records) to the:

Indiana Board of Pharmacy
Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2067
E-mail: pla4@pla.IN.gov
www.pla.IN.gov

Name and address of pharmacy
(If information typed is not as it appears on pharmacy permit please correct)

Pharmacy permit identification number (as it appears on permit)	
Name of proposed qualifying pharmacist	
Pharmacy telephone number ()	RPh license number

I hereby swear or affirm under the penalties of perjury that I am a duly licensed pharmacist in the State of Indiana, and by the execution of this document accept responsibility for the lawful conduct of said pharmacy, and I will notify the Indiana Board of Pharmacy not later than the effective date of my separation from such duties.

Signature of qualifying pharmacist

Date signed (month, day, year)

Note: A pharmacist may qualify only one Indiana permit.