



Virginia Department of  
**Health Professions**  
Board of Pharmacy

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233  
(804) 367-4456 (Tel)  
(804) 527-4472 (Fax)  
[pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov)  
[www.dhp.virginia.gov/pharmacy](http://www.dhp.virginia.gov/pharmacy)

## Pharmacy Change of Pharmacist In Charge Application

**Paying by Credit Card** – Access the pharmacy's DHP account [here](#) to make payment of the fee. This application must be uploaded at the time of payment transaction.

**Paying by Check or Money Order** – Send this application along with check or money order for the PIC change fee of \$65 to the address located above. The fee and application must be received together.

**All sections must be filled out. Signatures may be hand-signed or via DocuSign. Other electronic signatures are not accepted.**

Name of Pharmacy		
Street Address		
City	State	Zip Code
Permit Number <b>0201-</b>	Email address for Pharmacy correspondence	
(Print) Name of the incoming Pharmacist-In-Charge (PIC)	Pharmacist License Number of the PIC <b>0202-</b>	
Signature of incoming PIC		
By affixing my signature, I acknowledge that I have read and understood Guidance Document 110-27 and associated information regarding the inspection process. Furthermore, I attest that I am in full and actual charge of the pharmacy and am fully engaged in the practice of pharmacy at the location designated on this application.		

Effective Date of Change (date assuming role as PIC)	E-mail address for PIC	
Has the pharmacist obtained a minimum of two years of experience practicing as a pharmacist in Virginia or another U.S. jurisdiction? If yes, please provide the information below (attach separate sheet if needed): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Pharmacy name:	Pharmacy address:	Date range of practice:
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<b>OFFICE USE ONLY</b>	Date:	Applicant Number:	Receipt Number:
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