



Virginia Department of
Health Professions
 Board of Pharmacy

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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 0201-	Email address for Pharmacy correspondence	
(Print) Name of the incoming Pharmacist-In-Charge (PIC)		Pharmacist License Number of the PIC 0202-
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):		
Pharmacy name:	Pharmacy address:	Date range of practice:
Pharmacy name:	Pharmacy address:	Date range of practice:

OFFICE USE ONLY	Date:	Applicant Number:	Receipt Number:
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