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STATE OF DELAWARE  
**BOARD OF PHARMACY**

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## REPORT OF PHARMACIST-IN-CHARGE CHANGE

### INSTRUCTIONS

File this form whenever the Pharmacist-in-Charge (PIC) of a Delaware-licensed Pharmacy changes. This form is a required submission for the Service Request *Manage Affiliations*.

- **An outgoing (former) PIC must notify the Board of Pharmacy in writing within 10 days of termination as PIC.**
- **The incoming (new) PIC must submit the PHARMACIST-IN-CHARGE ACKNOWLEDGMENT.**

The following requirements apply to the incoming (new) PIC for all Delaware-licensed Pharmacies (in-state or non-resident):

- The incoming PIC will be responsible for all operations of the pharmacy.
- The PIC of a Nuclear Pharmacy must be a Qualified Nuclear Pharmacist. He or she is responsible for all operations of the pharmacy and must be personally on the premises at all times that the Pharmacy is open for business.
- The incoming PIC must read the responsibilities listed in Section 3.1 of the Board's [Rules and Regulations](#).

If the Pharmacy is *in Delaware*, the following additional requirements apply to the incoming (new) PIC

- The incoming PIC must hold a Delaware Pharmacist license.
- The incoming PIC may serve as a PIC for only one pharmacy at a time.
- If the incoming PIC has not previously served as a PIC in Delaware, he or she must appear personally at a [regularly scheduled Board meeting](#) within 90 days of assuming the position.
- The incoming PIC must complete the [Pharmacist-in-Charge Self-Inspection](#) form within 30 days of assuming the duties of PIC and by February 1 of each year thereafter.

**If this is required for your application, log onto the Pharmacy's eLicensing Dashboard in [DELPROS](#) to upload this form.  
If this is a submission for the *Manage Affiliations* service request, upload this form with your request.**

### PHARMACY INFORMATION

1. Name of Business (as it appears on license): \_\_\_\_\_
2. Pharmacy's Delaware License Number: A \_\_\_\_ - \_\_\_\_\_
3. **Location Address:** \_\_\_\_\_  
Street (No PO Boxes) City State Zip

### PHARMACIST-IN-CHARGE INFORMATION

4. Enter the following information about the **OUTGOING** Pharmacist-in-Charge:  
Full Name: \_\_\_\_\_  
Is this person a Delaware-licensed pharmacist? Yes  No  If yes, enter Delaware license: **A1-** \_\_\_\_\_  
Enter the effective date of Pharmacist-in-Charge change: \_\_\_\_\_
5. Enter the following information about the **INCOMING** Pharmacist-in-Charge:  
Full Name: \_\_\_\_\_  
Is this person a Delaware-licensed pharmacist? Yes  No  If yes, enter Delaware license: **A1-** \_\_\_\_\_

**The incoming (new) Pharmacist-in-Charge must also complete and submit the PHARMACIST-IN-CHARGE ACKNOWLEDGMENT.**