



## New Jersey Office of the Attorney General

Division of Consumer Affairs

Board of Pharmacy

124 Halsey Street, 6th Floor, P.O. Box 45013

Newark, New Jersey 07101



## Instructions to submit a Notice of Change of Pharmacist-in-Charge

Whenever a registered pharmacist assumes or terminates the duties as a registered pharmacist-in-charge of a pharmacy, both the outgoing and incoming pharmacist-in-charge, and the permit holder shall so advise the Board in writing within 30 days by completing this form and **uploading it to the appropriate *MyLicense* account**. If there is a vacancy of the pharmacist-in-charge for longer than 30 days, the interim pharmacist-in-charge and the permit holder must notify the Board immediately of who shall act as the interim registered pharmacist-in-charge.

### Pharmacies providing Board Notification -

- Once you have completed the Notice of Change of Pharmacist-in-Charge, please upload it to the pharmacy's New Jersey *MyLicense* account to be reviewed. (This is same account utilized to complete the pharmacy's annual renewals).
- To log in, please click the following link: [MyLicense](#)
- Once logged-in, you will be brought to your *MyLicense* homepage. To submit the Notice of Change of Pharmacist-in-Charge form to be reviewed, click "**Upload License Documents**" on the left-hand side menu, and follow the instructions to upload the form.
- For facilities with both a **pharmacy** license and a **CDS** license, please make sure to upload the form under your **pharmacy** license.
- When uploading, select "**Licensee Requested Changes**" as the document type.
- An invoice (Fee: \$25.00) for a replacement permit will be emailed to the pharmacy's point-of-contact for payment on-line.

### Outgoing pharmacist-in-charge providing Board Notification -

- Log in to your **individual** pharmacist [MyLicense](#) account, click "**Upload License Documents**" on the left-hand side menu, and follow the instructions to upload the form.

### Incoming pharmacist-in-charge providing Board Notification -

- Log in to your **individual** pharmacist [MyLicense](#) account, click "**Upload License Documents**" on the left-hand side menu, and follow the instructions to upload the form.

Menu	Licensing Home Page
Renew License	Below is the list of your licenses with the NJ DCA.
Initial Application	- In order to begin, please select the appropriate link to the left.
Update Mailing Address	- To view licenses eligible for renewal and to complete the renewal application process, click the <b>Renew License</b> link on the menu to the left.
Update Public Address of Record	- To view the status of license requirements for approval or to continue working on a specific application, click the <b>View Checklist</b> or <b>Continue</b> link below on the appropriate license (NOTE: All requirements will show as "Unchecked" if you have not yet fully submitted your application).
<b>Upload License Documents</b>	- <b>CHHA Employers:</b> To verify your employees, select <b>Manage Employees</b> from the menu on the left.
Reinstatement	
Invoices	
Logout	



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If there is a vacancy of the pharmacist-in-charge for longer than 30 days, the interim pharmacist-in-charge and the permit holder must notify the Board immediately of who shall act as the interim registered pharmacist-in-charge.

### Note for Pharmacies

An invoice (Fee: \$25.00) for a replacement permit will be emailed to the pharmacy's point-of-contact for payment on-line.

### Pharmacy Information

Pharmacy Permit Number \_\_\_\_\_ Pharmacy's telephone number \_\_\_\_\_  
(include area code)

Name of pharmacy \_\_\_\_\_

Address of pharmacy \_\_\_\_\_  
Street address City ZIP code

Permit holder's name \_\_\_\_\_ Permit holder's telephone number \_\_\_\_\_  
Print name (include area code)

Email address for Point-of-Contact submitting this notification \_\_\_\_\_

### Pharmacist-in-Charge Information

Information below must be completed by the **outgoing** pharmacist-in-charge.

Full name \_\_\_\_\_ License number \_\_\_\_\_  
Print name

Last date as PIC \_\_\_\_\_ Date outgoing CDS inventory completed \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit holder's signature \_\_\_\_\_ Date \_\_\_\_\_

Note: If the **outgoing** pharmacist-in-charge is not available, follow the instructions in N.J.A.C. 13:39-6.2(d)(1).

Information below must be completed by the **incoming** pharmacist-in-charge.

Full name \_\_\_\_\_ License number \_\_\_\_\_  
Print name

Start date \_\_\_\_\_ Date incoming CDS inventory completed \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Incoming Pharmacist-In-Charge Acknowledgement

I agree to assume the duties and responsibilities of the pharmacist-in-charge at the above pharmacy and am aware of my personal liability for violations of any New Jersey Pharmacy laws. I am aware of the need to inventory Controlled Dangerous Substances as required by law, including at the time I assume the position of pharmacist-in-charge and when I resign this position.

In addition to the requirements all pharmacists must meet, a pharmacist-in-charge has a specific set of additional responsibilities. The pharmacist-in-charge is responsible for all activities that occur in his or her pharmacy practice site. Any violation or oversight is ultimately the pharmacist-in-charge's responsibility.

I have read and understand the duties and responsibilities of a pharmacist-in-charge as set forth in the New Jersey Pharmacy Practice Act (N.J.S.A. 45:14-40 et seq.) and the New Jersey Board of Pharmacy regulations (N.J.A.C. 13:39).

\_\_\_\_\_  
Pharmacist-in-Charge signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit holder's signature \_\_\_\_\_ Date \_\_\_\_\_