



CHANGE OF PIC / DMPIC / RDPIC

Pursuant to R156-17b-502 (22); the PIC/DMPIC/RDPIC must be updated with the Division within 30 days of a change.

FACILITY INFORMATION

Facility Name: _____ Date: _____
 Pharmacy License Number: _____ Expiration Date: _____
 Telephone Number: _____ Facility Fax: _____
 Address: _____
 City: _____ State: _____ Zip: _____

FORMER PIC / DMPIC / RDPIC

Full Name: _____ Disassociation Date: _____

NEW PIC / DMPIC / RDPIC

Pharmacist Name: _____ Association Date: _____
 Social Security Number: _____ Date of Birth: _____
 License Number: _____ Expiration Date: _____
 Pharmacist Email: _____
 Reason for Change: _____

Yes No Is this change based upon action which could constitute unprofessional or unlawful conduct by the Pharmacist?

ACKNOWLEDGEMENT

I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

Signature of PIC / DMPIC / RDPIC

Date

Printed Name of PIC / DMPIC / RDPIC

(All fields must be completed or the form will not be processed)

PLEASE SUBMIT THIS FORM TO B3@UTAH.GOV