

**MONTANA BOARD OF PHARMACY**  
**P. O. Box 200513**  
**(301 S PARK, 4TH FLOOR - Delivery)**  
**Helena, Montana 59620-0513**  
**PHONE (406) 841-2356 or 2300 FAX (406) 841-2305**  
**E-MAIL: dlibsdp@mt.gov WEBSITE: www.pharmacy.mt.gov**

**PHARMACIST/PERSON-IN-CHARGE (PIC) CHANGE FORM**

This form is required to be completed when a Pharmacist/Person-in-Charge changes for a Community/Institutional Pharmacy, Mail Order Pharmacy, Wholesale Drug Distributor, Limited Service Pharmacy, or Outpatient Surgical Center.

For the purposes of satisfying the requirements of ARM 24.174.805, ARM 24.174.830(6), ARM 24.174.1003(1), ARM 24.174.1104, ARM 24.174.1122, or ARM 24.174.1202(1)(c), the following agreement has been entered into and submitted to the Montana Board of Pharmacy:

Pharmacist/Person-in-Charge (PIC): \_\_\_\_\_

Name of Pharmacy/Business: \_\_\_\_\_

Pharmacy/Business License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pharmacy/Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner of Pharmacy/Business: \_\_\_\_\_

(Please complete "Non-Pharmacist Owner agreement on page 2 if owner is different than PIC)

Previous Pharmacist/Person-in-Charge: \_\_\_\_\_

Effective Date of Pharmacist/Person-in-Charge: \_\_\_\_\_

The signature below indicates that the individual is the Pharmacist/Person-in-Charge of the above named Pharmacy/Business. If the undersigned ceases to be Pharmacist/Person-in-Charge, the undersigned will notify the Board of Pharmacy of such fact and failure to do so may be cause for disciplinary action. The undersigned agrees to fully and promptly comply with the applicable federal laws, laws of the State of Montana, and the rules and regulations of the Board of Pharmacy governing this application, applicant's business, and the sale of permitted drugs, pharmaceuticals, and commodities.

24.174.805 CHANGE OF PHARMACIST-IN-CHARGE: (1) When the pharmacist-in-charge of a pharmacy leaves the employment of such pharmacy, the pharmacist will be held responsible for the proper notification to the board of such termination of services. (2) Within 72 hours of termination of services of the pharmacist-in-charge, a new pharmacist-in-charge must be designated and an affidavit filed with the board. The license will then be updated to indicate the name of the new pharmacist-in-charge.

PRINTED NAME: \_\_\_\_\_

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

**\*Please retain a copy of this form in the pharmacy and send the original to the Board office\***

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**PHARMACIST/PERSON-IN-CHARGE (PIC) CHANGE FORM**  
**(Non-Pharmacist Owner)**

This form is required to be completed when a Pharmacist/Person-in-Charge changes for a Community/Institutional Pharmacy, Mail Order Pharmacy, Wholesale Drug Distributor, Limited Service Pharmacy, or Outpatient Surgical Center.

Submit this form and the Pharmacist/Person-in-Charge Change form if the Pharmacist/Person-in-Charge is not the owner.

For the purposes of satisfying the requirements of ARM 24.174.805, ARM 24.174.830(6), ARM 24.174.1003(1), ARM 24.174.1104, ARM 24.174.1122, or ARM 24.174.1202(1)(c), the following agreement has been entered into and submitted to the Montana Board of Pharmacy:

I, \_\_\_\_\_, duly designated agent for the \_\_\_\_\_ (pharmacy owner/corporation) do hereby vest exclusive authority in \_\_\_\_\_, a licensed pharmacist in the State of Montana, the State in which the out-of-state mail service pharmacy is licensed **or** person-in-charge Pharmacist/Person-in-Charge for the \_\_\_\_\_ (name of pharmacy/business) Pharmacy/Business License Number \_\_\_\_\_ to perform as follows:

That (PIC) \_\_\_\_\_, license number (if applicable) \_\_\_\_\_, shall have exclusive authority to make and implement any decision which may directly or indirectly involve compliance with any of the provisions of Title 37, Chapter 7, Montana Code Annotated and Title 24, Chapter 174 of the Administrative Rules of Montana. That the parties hereto expressly agree and understand that in no event shall any person or persons, by virtue of his or their position in the corporation or for any other reason, substitute his or their judgment for that of the pharmacist/person-in-charge on matters involving the aforementioned compliance; that the parties further agree that the continued right of the corporation to own and operate this pharmacy is contingent upon the existence and implementation of this agreement; and that the corporation agrees and understands that at such time as a new pharmacist/person-in-charge is designated, that a new agreement must be executed with that person and submitted to the Montana Board of Pharmacy.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Agent for the Corporation

\_\_\_\_\_  
Pharmacist/Person-in-Charge

**\*Please retain a copy of this form in the pharmacy and send the original to the Board office\***