



THE STATE OF NEW HAMPSHIRE
BOARD OF PHARMACY

57 Regional Drive
Concord, NH 03301-8518
Tel: (603) 271-2350 Fax: (603) 271-2856
www.state.nh.us/pharmacy/
TDD Access Relay NH: 1-800-735-2964



AMEND-A-PHARMACY PERMIT

Pharmacy Name

Street Address

City / State / Zip Code

Board Use Only
Pharmacy Lic. #:
New Permit Issued:
Check Received:

FEE \$150.

(Must Include Check With Application)

Prior Pharmacist-In-Charge (If Applicable) License #

Other Pharmacist Currently On Staff License #

New/Current Pharmacist-In-Charge Of Record License #

Other Pharmacist Currently On Staff License #

Type Of Change (Check One)
PIC Change
Pharmacy Name Change

Licensed Area (Check One)
Licensing Pharmacy Area ONLY
Licensing ENTIRE Retail Area

These changes will be effective on . (Changes cannot occur before Board receives this form).

The pharmacy is open to provide professional services on (provide times for each day):

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

- a) To your knowledge, have there been or are there now any pending indictments...
b) To your knowledge, have any of the above been convicted of a violation...
c) To your knowledge, have any of the above been convicted of a felony within the past ten years?

PHARMACIST-IN-CHARGE AFFIDAVIT

I do solemnly swear and affirm that the answers and statements made in this application are true and correct to the best of my knowledge and belief, that this pharmacy has the required facilities and equipment and meets the conditions specified by the Board of Pharmacy, a copy of whose laws and rules I have read.

I further agree to operate this pharmacy in accordance with all federal, state and local pharmacy drug laws, rules and regulations.

Signature Of (New) Pharmacist-In-Charge

Date