

State of Rhode Island and Providence Plantations  
Department of Health  
**BOARD OF PHARMACY**  
3 Capitol Hill, Room 103  
Providence, RI 02908-5097

**CHANGE OF INFORMATION FORM**

Supply all pertinent information, and submit the form either by:

- Printing and then mailing to the address listed above,
- Printing and faxing to (401) 222-6683, or
- By providing the requested information in an email to the board at the following email address:  
doh.license@health.ri.gov

A **"name change"** requires the submission of a copy of the marriage certificate or court order with the form. It is important that an email address, if available, be provided so that the Board may transmit news items by this mechanism. **Facilities:** *A change in ownership or location requires the submission of a new application. Contact the Board's office at (401) 222-2837 to obtain the proper application.*

**Check the appropriate box for change(s).**

Address/Telephone Change       Name Change       Employment Change       Email Change

<b>CURRENT INFORMATION</b>	<b>NEW INFORMATION</b>
<hr/> <i>License Type and Number</i>	
<hr/> <i>Name</i>	<hr/> <i>Name</i>
<hr/> <i>Address</i>	<hr/> <i>Address</i>
<hr/> <i>City/State/Zip</i>	<hr/> <i>City/State/Zip</i>
<hr/> <i>Home Telephone Number</i>	<hr/> <i>Home Telephone Number</i>
<hr/> <i>Email Address</i>	<hr/> <i>Email Address</i>
<hr/>	
<hr/> <i>Date of Birth</i>	
<hr/> <i>Business Name</i>	<hr/> <i>Business Name</i>
<hr/> <i>Business Address</i>	<hr/> <i>Business Address</i>
<hr/> <i>Business City/State/Zip</i>	<hr/> <i>Business City/State/Zip</i>
<hr/> <i>Business Telephone Number</i>	<hr/> <i>Business Telephone Number</i>

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**