



**RHODE ISLAND DEPARTMENT OF HEALTH**  
Division of Health Services Regulation  
Board of Pharmacy  
3 Capitol Hill  
Providence, RI 02908-5097  
Phone: (401) 222-2837

**Termination as Pharmacist-In-Charge Report**

TO: Rhode Island Board of Pharmacy

FROM: \_\_\_\_\_  
Pharmacy Name \_\_\_\_\_ License Number \_\_\_\_\_  
Pharmacy Address \_\_\_\_\_  
Pharmacy City, State, Zip Code \_\_\_\_\_

**SUBJECT: TERMINATION AS PHARMACIST-IN-CHARGE**

The following pharmacist is no longer the Pharmacist-in-Charge at the location listed below.

\_\_\_\_\_  
Name \_\_\_\_\_ License Number \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Effective Date \_\_\_\_\_

The new Pharmacist-in-Charge is:

\_\_\_\_\_  
Name \_\_\_\_\_ License Number \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Effective Date \_\_\_\_\_

The closing inventory of **Schedule II's**, and a separate inventory of **Schedules III-V** has been completed and the original is available at the registered facility address. **PLEASE DO NOT SEND A COPY TO THE BOARD OFFICE.**

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_