



**RHODE ISLAND DEPARTMENT OF HEALTH**

Center for Professional Licensing

Board of Pharmacy

3 Capitol Hill - Room 104

Providence, RI 02908-5097

Phone: (401) 222-2828

Fax: (401) 222-1272

**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 \_\_\_\_\_