

State of Rhode Island and Providence
Plantations Department of Health
Center for Professional Licensing
BOARD OF PHARMACY
3 Capitol Hill, Room 104
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) 222-1272, or
- By providing the requested information in an email to the board at the following email address:
doh.elicense@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) 222-2828 to obtain the proper application.

Check the appropriate box for change(s).

- Address/Telephone Change Name Change Employment Change Email Change

CURRENT INFORMATION	NEW INFORMATION
<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>	<hr/> <i>Business FEIN (Federal Employer Identification Number)</i>

Signature

Date