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# **OUTGOING CHANGE OF PHARMACIST-IN-CHARGE (PIC)**

TSBP ONLINE SUBMISSION



# TEXAS STATE BOARD OF PHARMACY

- HOME
- CONSUMERS ▾
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## VERIFY INFORMATION

### Categories

- Pharmacy Laws & Rules
- Continuing Education
- Training/Informational Videos
- License Renewals
- Print Your Certificate
- Change of Name, Address, or Employment
- Open Records Requests
- Complaint Process
- COVID-19 Resources



[> VERIFICATIONS](#)  
CHECK LICENSE STATUS

## License & Registration Verifications

*The databases are updated Monday through Friday by 12 noon.*



[Pharmacist Search](#)

[Pharmacy Search](#)

[Pharmacist Intern Search](#)

[Pharmacy Technician / Technician Trainee Search](#)

[Temporary Pharmacist License / Pharmacy Technician Registration Search](#)

[Download Tables for License Verifications](#)

[Open Records Request Form](#)



Texas Behavioral Health Executive Council  
Texas Board of Professional Geoscientists  
Texas Funeral Service Commission  
Texas Optometry Board  
Texas State Board of Dental Examiners  
Texas State Board of Pharmacy  
Texas State Board of Plumbing Examiners

## Welcome to the Online Licensing System

[FAQ](#) | [Public Search](#) | [Contact Us](#)

### Returning User

"\*" are required.

\*User ID:

\*Password:

[Forgot password?](#)

[Forgot user ID?](#)

### New User

[Begin Here For Sign-up](#)



New Users (those who have not applied or renewed online since June 2011) must create an online account to use the Online Licensing System. Opening a second account will not delete the first account.



### Public Search

It is not necessary to register or login to view or search for a license or registration. To search by name, license number, license type, city, or county click on the "Public Search" link above.

### Sign-up and manage your licenses

**Apply for New License:** To apply for an initial license, please sign up using the link to the left. If you have previously registered using this system, it is not necessary to create another user registration to apply for a new license.

**Renew or Maintain Your License:** To renew and/or maintain an existing license, please login with your existing user ID and password, or click on the link to the left to register as a new user.

**Maintenance Window:** Click [here](#) to see our upcoming maintenance schedule

# LOG IN TO YOUR ONLINE ACCOUNT

This website is the property of the State of Texas. Unauthorized attempts to upload information or change information are strictly prohibited and may be punishable under the Texas Penal Code Chapters 33 (Computer Crimes) or 33A (Telecommunications Crimes).

Details about information collected on individuals and the process to correct incorrect information may be found on each of the agency's websites.

Payment Issues: 877-452-9060

Logging In Issues/Technical Support: [Contact Us](#)

Browser Compatibility Minimum: IE v9, Firefox v27, Chrome v12.X (NO hand-held devices)

Maintenance Window: Sunday 7pm - 10pm CST

# SELECT EMPLOYMENT TYPE

[Update Profile](#) | [Logout](#) | [Contact Us](#)

## Quick Start Menu

If you see your license on the right hand of the screen under the "License Information" section please **DO NOT** click on the "Add License to Registration" link at the bottom as your license is already associated with this online account. You should see your license options listed below.

If you are trying to apply for a license please choose the appropriate option under the "Start a New Application" section.

If you need to add your license to your online account please click on the "Add Licenses To Registration" option below.

### Manage your license information

Licensed Pharmacist #67649

<Choose Application> ▼

Select

<Choose Application>

Add Pharmacist in Charge

Change of Address

Drop Pharmacist in Charge

Pharmacist Employment Relationships

Select

### Start a New Application

What are you applying for?

<Choose Board>

<Choose Application> ▼

Select

### Additional Activities

Add Licenses To Registration

Select

### License Information

Show Details

License Number: #12345

License Type: Licensed Pharmacist

### License Information

Show Details

License Number: #222208

License Type: Pharmacy Technician





# DEPARTING PHARMACIST IN CHARGE PROCESS



[Update Profile](#) | [Logoff](#) | [Contact Us](#)

Introduction

Drop Pharmacist in Charge - Introduction

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

Name and Personal Details

Contact Information

Pharmacist in Charge Attestation

Pharmacist in Charge Relationship

Summary (pre-fees)

**Next**

**Cancel App**

Introduction

Name and Personal Details

Contact Information

Pharmacist in Charge Attestation

Pharmacist in Charge Relationship

Summary (pre-fees)


## Drop Pharmacist in Charge - Contact Information

☐ Main Address (Apartment (Apt), Unit, Lot, Suite (Ste) numbers should be included if applicable)

Copy From:

Copy

Street Number:

\* Address: 

\* Zip Code:

\* City:

\* State:

County:

Country:

Phone Number:

(999) 999-9999

Extension:

E-mail:

Contact #:

Web Address:

# OUTGOING PHARMACIST ATTESTATION



[Update Profile](#) | [Logoff](#) | [Contact Us](#)

Introduction

Name and Personal Details

Contact Information

**Pharmacist in Charge Attestation**

Pharmacist in Charge Relationship

Summary (pre-fees)

## Drop Pharmacist in Charge - Information

### Pharmacist in Charge Attestation

\* Are you the incoming or departing Pharmacist in Charge?

Departing Pharmacist in Charge ▾

Have you completed an inventory as specified in rule §291.17?

Yes, I attest I have completed the inventory. ▾

Date the inventory was conducted.

(mm/dd/yyyy)

\* By my response, I acknowledge that I am the Pharmacist-in-Charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy.

▾

[Back](#)

[Next](#)

[Cancel App](#)

# OUTGOING PHARMACIST ATTESTATION

[Update Profile](#) | [Logoff](#) | [Contact Us](#)

Introduction

Name and Personal Details

Contact Information

Pharmacist in Charge Attestation

Pharmacist in Charge Relationship

Summary (pre-fees)

## Drop Pharmacist in Charge - Information

### Pharmacist in Charge Attestation

\* Are you the incoming or departing Pharmacist in Charge?

Departing Pharmacist in Charge ▼

Have you completed an inventory as specified in rule §291.17?

I did NOT complete an inventory prior to departing. ▼

Provide a statement as to why you were not able to complete the inventory (limited to 1000 characters maximum only).

Provide the date you were last present in the pharmacy.

(mm/dd/yyyy)

\* By my response, I acknowledge that I am the Pharmacist-in-Charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy.

▼

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Introduction

Name and Personal Details

Contact Information

Pharmacist in Charge Attestation

Pharmacist in Charge Relationship

Summary (pre-fees)

### Drop Pharmacist in Charge - Pharmacist in Charge Relationship

Enter in the license numbers for the required related licenses in the bottom section if required. You can delete any related licenses by clicking the Delete hyperlinks.

Add any optional related licenses using the Add a New Relationship section.

#### Related Licenses

Relation Name: **Pharmacist in Charge** (Required: **N** )

Your Role: **Pharmacist in Charge**

Other Party Role: **Pharmacy**

**BAYLOR SCOTT & WHITE PHARMACY #278**  
**Pharmacy - Licensed Pharmacy - 30953**  
**Active - 2022-08-31**

[Delete Relation](#)

#### Add a New Relationship

Type of Relationship **Pharmacist in Charge [I am the: Pharmacist in Charge]**

\* License Type of Pharmacy

\* License Number

# VERIFY THE PHARMACY HAS BEEN REMOVED

[Update Profile](#) | [Logoff](#) | [Contact Us](#)

Introduction

Name and Personal Details

Contact Information

Pharmacist in Charge Attestation

**Pharmacist in Charge Relationship**

Summary (pre-fees)

## Drop Pharmacist in Charge - Pharmacist in Charge Relationship

Enter in the license numbers for the required related licenses in the bottom section if required. You can delete any related licenses by clicking the Delete hyperlinks.

Add any optional related licenses using the Add a New Relationship section.

### Add a New Relationship

Type of Relationship

Pharmacist in Charge [I am the: Pharmacist in Charge]

\* License Type of Pharmacy

\* License Number

Add

Back

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Cancel App



# APPLICATION SUMMARY

<b>Application</b>	License Type: Licensed Pharmacist Application Date: 07/30/2021
<b>Personal Details</b>	Full Name: [Redacted] <a href="#">Edit</a> Social Security Number: [Redacted] Birthdate: 01/29/1979 Gender: Female Race: White
<b>Pharmacist in Charge Attestation</b>	<a href="#">Edit</a> Are you the incoming or departing Pharmacist in Charge? Departing Pharmacist in Charge Have you completed an inventory as specified in rule §291.17? Yes, I attest I have completed the inventory. Date the inventory was conducted. (mm/dd/yyyy) 07/01/2021 By my response, I acknowledge that I am the Pharmacist-in-Charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy. Yes
<b>Related Licenses</b>	[Redacted] <a href="#">Edit</a>

[Previous](#) [Submit](#) [Cancel App](#)



# ATTEST TO THE STATEMENT

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Introduction

Name and Personal Details

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Pharmacist in Charge Attestation

Pharmacist in Charge Relationship

Summary (pre-fees)

## Add Pharmacist in Charge - Certification

Press "Previous" to return to the previous section.

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

I hereby attest to the fact that the information on this form is true and correct. I understand that providing false or incorrect information constitutes a violation of the Texas Pharmacy Act and subjects me to the penalties set forth, up to and including denial of my registration application.

Yes

No

Previous

Next

Cancel

Introduction

Name and Personal Details

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Pharmacist in Charge Attestation

Pharmacist in Charge Relationship

**Summary (pre-fees)**

### Add Pharmacist in Charge - Certification

Press "Previous" to return to the previous section.

Press "Next" to continue.

Press "Cancel" to cancel.

I hereby attest to the accuracy of the information provided, which constitutes a violation of the rules of the Board of Pharmacy if false or incorrect information is provided on this application.

- Yes  
 No

Please wait while your application is processed...



I understand that providing false or incorrect information on this application constitutes a violation of the rules of the Board of Pharmacy, up to and including denial of my registration.

[Previous](#)

[Next](#)

[Cancel](#)

### Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

Press "Return" to return to the main menu.

[Return](#)

[View PDF Summary Report](#)








## Application Summary - Ref Id: I701158.R329.C7004



tor\_noreply@irondata.com

To 



SummaryPDF\_DATE210730110907\_2446068754286022265.pdf

5 KB



Thank you for submitting your Change of Pharmacist-in-Charge through the Texas State Board of Pharmacy at [www.pharmacy.texas.gov](http://www.pharmacy.texas.gov).

A copy of the application summary is attached to this email. Adobe Reader is necessary to view the PDF.

\*\*\* Note: This is an automated email. Do NOT reply to this message.