



SOUTH DAKOTA BOARD OF PHARMACY
 4001 W. Valhalla Boulevard, Suite 106, Sioux Falls, SD 57106
 p - 605.362.2737 f - 605.362.2738
www.pharmacy.sd.gov email - pharmacyboard@state.sd.us

Change Notification Form for Resident and Nonresident Pharmacies

1. Complete form section(s) that apply and send to the Board with any required documents
2. Change must be reported to the Board once all required documentation is available
3. Send completed form and all required documents (in a PDF format) to email above
4. There is no fee for these changes
5. Refer to the Board's website for other types of changes not addressed here (change of PIC, ownership, officers, director)

PHARMACY NAME _____

LICENSE # _____ - _____ EFFECTIVE DATE OF CHANGE _____

NAME CHANGE Resident entities complete form only; Nonresident entities complete form and provide (1) copy of home state license with new name.

CURRENT - LEGAL NAME _____	NEW - LEGAL NAME _____
CURRENT - DBA NAME _____	NEW - DBA NAME _____

LOCATION CHANGE - within same state
 Resident entities complete form only; Nonresident entities (1) complete form and provide (2) copy of home state license with new address, (3) copy of new location inspection; if no inspection, provide a written explanation why.
 An out-of-state move requires a new application (see Board website).

CURRENT - ADDRESS _____	CITY _____	STATE _____	ZIP _____
EMAIL _____	PHONE # _____	FAX # _____	
NEW - ADDRESS _____	CITY _____	STATE _____	ZIP _____
EMAIL _____	PHONE # _____	FAX # _____	

CLOSURE or **SURRENDER** (1) completed form signed by owner/officer

ADDRESS _____	CITY _____	STATE _____	ZIP _____
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_____ SIGNATURE OF REPRESENTATIVE/PIC (required)	_____ PRINT NAME OF REPRESENTATIVE/PIC (required)		
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ PHONE #	_____ FAX #	_____ EMAIL	