South Dakota Prescription Drug Monitoring Program

PDMP Account Information Change Form

4001 W Valhalla Blvd, Suite 106, Sioux Falls, SD 57106

P—605-362-2737 F – 605-362-2738

W – www.pharmacy.sd.gov Email: sdpdmp@state.sd.us

PDMP W – http://doh.sd.gov/boards/pharmacy/PDMP

General Information (Required)		
Name		
Professional License Number	State Licensed In	DEA # if applicable

Fill out only section(s) that apply to your requirements:

Name Change
Previous Name
New Name

Employer/Facility Change				
Prior Employer/Facility				
Prior Employer/Facility Address	City	State	Zip	Phone Number
Current Employer/Facility				
Current Employer/Facility Address	City	State	Zip	Phone Number

Signature _____ **Date** _____

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