



SOUTH DAKOTA BOARD OF PHARMACY

4001 W VALHALLA BLVD, SUITE 106

SIOUX FALLS, SD 57106

Phone: (605) 362-2737

Fax: (605) 362-2738

www.pharmacy.sd.gov

Change of Name, Address, or Employment

(Must be reported to the Board within 10 days of change)

**If you do not request a duplicate license or registration,
the change will be reflected on your next renewal.**

Pharmacist Intern Technician (Check One)

Registration/License Number _____

Name _____

If Changing Name, New Name _____

(If name has changed, please attach a copy of document to verify the name change; i.e., marriage license)

Old Address:

New Address:

Old Phone: _____

New Phone: _____

Old Email: _____

New Email: _____

Old Employment:

(Include Pharmacy Name and Address)

Pharmacy License Number: _____

New Employment:

(Include Pharmacy Name and Address)

Pharmacy License Number: _____

Old Business Phone: _____

New Business Phone: _____

Date Change is Effective: _____