



SOUTH DAKOTA BOARD OF PHARMACY
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CHANGE OF NAME OR EMPLOYER FORM

Directions

1. Form to be used by pharmacists, interns, and technicians with a South Dakota license or registration.
2. Complete form sections that apply.
3. Scan form and required document(s), save in PDF format, email to board.
4. Form must be submitted within 10 days of change. There is no fee for changes
5. To update your personal address, email, phone or fax, login to the license platform. Click ([Login](#)).

Submitter Information - Required		
Name		
License/Registration # _____	Type (check one) <input type="checkbox"/> Pharmacist <input type="checkbox"/> Technician <input type="checkbox"/> Intern	Effective Date of Change

Complete section(s) that apply

Name Change
New Name
A copy of the (marriage license or page from divorce decree) that shows old name & new name must be provided with form.

Employer / Facility Change				
Former Employer Name				
Former Employer Address	City	State	Zip	
New Employer Name				
New Employer's SD Pharmacy License #				
New Employer Address	City	State	Zip	
New Work Email				