



## SOUTH DAKOTA BOARD OF PHARMACY

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[www.pharmacy.sd.gov](http://www.pharmacy.sd.gov) email - [pharmacyboard@state.sd.us](mailto:pharmacyboard@state.sd.us)

### Change of Name or Employer

1. This form should be used by pharmacists, interns, and technicians with a South Dakota license/registration
2. Complete form section(s) below that apply
3. Send completed form, in a PDF format, to email above
4. Process must be completed within 10 days of change
5. There is no fee for these changes
6. To update your personal address, email, phone or fax, access your online licensing profile and update your information.

#### Submitter Information - Required

Name

License/Registration  
# \_\_\_\_\_

Type (check one)

Pharmacist  Technician  Intern

Effective Date of Change

#### Complete section(s) that apply

#### Name Change

New Name \*\*

\*\*A copy of the document supporting the change must be provided (i.e. marriage license, divorce decree).

Remember to go to the licensing platform and print a new license/registration with the new name

#### Employer / Facility Change

Former Employer Name

Former Employer Address

City

State

Zip  
\_\_\_\_\_

New Employer Name

New Employer's Pharmacy License #

New Employer Address

City

State

Zip  
\_\_\_\_\_

New Work Email