



SOUTH DAKOTA BOARD OF PHARMACY

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www.pharmacy.sd.gov email - 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 (https://sdbop.igovsolution.net/online/User_login.aspx).

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 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			