

**Resident and Nonresident
Pharmacist-in-Charge (PIC) Transfer
South Dakota State Board of Pharmacy
4001 W Valhalla Blvd, Suite 106
Sioux Falls, SD 57106**

Affidavit

PHARMACIST-IN-CHARGE TRANSFER

Application is hereby made for the transfer, without additional fee, for

(Pharmacy Name) License # _____
(SD License #)

(Pharmacy Address) (Pharmacy City) (State) (Zip Code)

for the balance of the year ending June 30, 20_____.

TRANSFER FROM _____
(Present Pharmacist-in-Charge)

License # _____ State Licensed in _____ in active management of
the pharmacy.

TRANSFER TO _____
(New Pharmacist-in-Charge)

License # _____ State Licensed in _____ who is a registered
pharmacist in the pharmacy state of domicile, is in good standing in said state, and is to be in
active management on and after the _____ day of _____, 20_____.

New PIC Email _____

Will a pharmacist be on duty and in charge at all times when this pharmacy is open to the
public? _____

Will the Pharmacy be maintained in a clean and sanitary condition? _____

The undersigned Registered Pharmacist transferee hereby affirms that all statements made
herein are true and correct and that the provision of the law relative to conducting a
pharmacy in South Dakota or a non-resident pharmacy, will be faithfully observed during the
balance of the period for which this Pharmacy Permit may be in force.

Signature of New Registered Pharmacist-in-Charge

NOTE: If a corporation or a non-pharmacist individual owns the merchandise and fixtures, complete the affidavit delegating responsibility for the pharmaceutical services to the Pharmacist-in-Charge, which must accompany this transfer form.

State of _____)
County of _____) ss

Complete the appropriate section below (Individual/Partnership or Corporation).

INDIVIDUAL OR PARTNERSHIP:

I, _____, being first duly sworn, depose and say that I am the owner of
_____ percent of the merchandise and fixtures in the place of business which is
licensed by the South Dakota Board of Pharmacy.

CORPORATION:

I, _____, being first duly sworn, depose and say that I
(Corporate Officer Name)

am the _____ of _____,
(Corporate Officer Title) (Corporation Name)

a corporation and one of its managing officers and directors; that said corporation is the owner of the
merchandise and fixtures in the place of business which is licensed by the South Dakota Board of Pharmacy.

That said place of business may be registered as a Pharmacy and conducted in accordance with the laws of
the State of South Dakota said Individual/Partnership or Corporation hereby delegates complete
responsibility for the pharmaceutical services to Registered Pharmacist-in-Charge,

(New Pharmacist-in-Charge) License # _____

to have full charge of the merchandise and fixtures at said place of business in the same manner and to the
same degree as though said pharmacist were the sole owner of such merchandise and fixtures. It is further
represented and said that if any non-pharmacist actively engaged within such Pharmacy, after it is so
registered, that such non-pharmacy owner, corporation officer, employee or agent of non-pharmacist
owner/corporation will submit to administration and guidance of the Registered Pharmacist-in-Charge named
herein, in the same manner and to the same degree as though said non-pharmacist owner, corporation officer,
employee or agent of non-pharmacist owner/corporation were an employee of the Registered Pharmacist-in-
Charge named herein.

Signature of Non-Pharmacist Owner or Corporate Officer Date

Print Name of Non-Pharmacist Owner or Corporate Officer

Attach complete list of managing officers and directors.