SOUTH DAKOTA BOARD OF PHARMACY

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CHANGE NOTIFICATION FORM
For Resident (In-State) & Nonresident (Out-of-State) Pharmacies

Directions

1. Complete form section(s) that apply.
2. Scan form and required document(s), save in PDF format, send to email above. There is no fee for a change.
3. Do not send original form/document(s) to board after the fact if already provided to board by email or fax.
4. Refer to the board website for other types of changes not addressed here (change of PIC, ownership, officer, director)

PHARMACY NAME _____

LICENSE # _____ - _____ **EFFECTIVE DATE OF CHANGE** _____

☐ ***NAME CHANGE*** **Resident entities** complete form only; **Nonresident entities** complete form and provide **(1)** copy of home state license with new name.

CURRENT - LEGAL NAME _____ NEW - LEGAL NAME _____

CURRENT - DBA NAME _____ NEW – DBA NAME _____

☐ ***LOCATION CHANGE - within same state***

Resident entities complete form only; **Nonresident entities (1)** complete form and provide **(2)** copy of home state license with new address, **(3)** copy of new location inspection; if no inspection, provide a written explanation why.
An out-of-state move requires a new application (see Board website).

CURRENT - ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____ FAX # _____

NEW - ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____ FAX # _____

☐ ***CLOSURE*** or ☐ ***SURRENDER*** **(1)** completed form signed by owner/officer

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE OF REPRESENTATIVE/PIC (required) _____ **PRINT NAME OF REPRESENTATIVE/PIC** (required) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____ FAX # _____