



SOUTH DAKOTA BOARD OF PHARMACY
 4001 W. Valhalla Boulevard, Suite 106, Sioux Falls, SD 57106
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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 #	