



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER
NASHVILLE, TENNESSEE 37243
PHONE: (615) 741-2718 FAX: (615) 741-2722
<http://health.state.tn.us/boards/pharmacy/>

PHARMACIST-IN-CHARGE STATEMENT

(To be filled out when a change of (PIC) or the opening of a new pharmacy)

PHARMACIST NAME: _____ LIC #: _____

LIC #: _____

Employer Name (If chain, note store #)

PHONE #:() _____
Employer Street Address

City State Zip Code

Does this Pharmacy handle controlled substances? Yes No

The date of the last Controlled Substance Inventory? _____

Rule 1140-3-14(4) The out going pharmacist-in-charge shall, prior to departure, conduct with the successor pharmacist-in-charge a joint inventory of all controlled substances. In case of failure of the outgoing pharmacist-in-charge to comply with this requirement, the successor pharmacist-in-charge shall conduct such inventory alone.

Former Pharmacist-In-Charge: _____ Departure Date: _____

Current Pharmacist-In-Charge: _____ Effective Date: _____

If your Pharmacy is located OUT OF STATE, your pharmacist-in-charge MUST have an active Tennessee license.