



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
PHONE: (615) 741-2718 FAX: (615) 741-2722
<http://health.state.tn.us/boards/pharmacy/>

CHANGE IN FACILITY MANAGER

(To be completed for changes in Facility Manager or Designated Representative)

Tennessee License No.: _____

Facility Name

Facility Address

Suite No.

City

State

Zip Code

() _____
Phone No.

Former Facility Manager: _____ Departure Date: _____

New Facility Manager: _____ Effective Date: _____

Is this a change in ownership? Yes No

If yes, please provide the effective date of change: _____