



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

<https://www.tn.gov/health/health-program-areas/health-professional-boards/pharmacy-board.html>

PHARMACIST-IN-CHARGE (PIC) STATEMENT

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

Pharmacy Name (If chain, note store #) LIC #: _____

Pharmacy Street Address PHONE #: (____) _____

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 outgoing 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 PIC (*Print* Name): _____ Departure Date: ____/____/____

Former PIC License Number: _____

New PIC (*Print* Name): _____ Effective Date: ____/____/____

New PIC License Number: _____

New PIC Signature _____ Date: ____/____/____

You may fax this form to 615-741-2722 or email to: pharmacy.health@tn.gov . Please check the facility verification page at <https://apps.health.tn.gov/facilityListings/> to confirm the change.

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