

CERTIFICATE OF PROFESSIONAL RESPONSIBILITY

NOTICE: The following must be completed by the licensed pharmacist charged with management of the pharmacy within 10 days (Minnesota Rule 6800.2400 Subpart 1 states that “No person shall conduct a pharmacy without a pharmacist-in-charge...”).

Type or print:

I, _____, the undersigned, hereby certify that:

I reside at _____.
ADDRESS CITY STATE ZIP

I am a licensed pharmacist in the state of Minnesota assigned license # _____.

On _____ I was designated pharmacist-in-charge of the pharmacy
DATE BECAME PIC

known as _____,
NAME OF PHARMACY LICENSE #

at _____,
ADDRESS CITY STATE ZIP

and that I assume professional responsibility for said pharmacy.

SIGNATURE OF PHARMACIST-IN-CHARGE

DATE

TEMPORARY PHARMACIST-IN-CHARGE

I, the above signed pharmacist-in-charge, am filling in for _____, the former pharmacist-in-charge, who is out on leave until _____. I understand that I will not need to resubmit variance requests and complete the new PIC survey unless the regular pharmacist-in-charge does not return.

Upon the permanent pharmacist-in-charge return, a Certificate of Professional Responsibility form must be completed and returned to the Board office.

Within 10 days return form to the Minnesota Board of Pharmacy:

MINNESOTA BOARD OF PHARMACY
2829 UNIVERSITY AVENUE SE, SUITE #530
MINNEAPOLIS, MN 55414-3251
Fax: (612) 617-2262
E-mail: pharmacy.board@state.mn.us