

EXISTING VARIANCE FORM FOR A SUCCESSOR PHARMACIST-IN-CHARGE

Minnesota Rules 6800.9900, subpart 5a. Successor pharmacist-in-charge duties for active variances. After termination of the services of a pharmacist-in-charge, the successor pharmacist-in-charge shall submit, on the approved form, an acknowledgement of an awareness and understanding of any active variances that the pharmacy has been granted pursuant to this part. The successor pharmacist-in-charge shall be responsible for ensuring that any conditions imposed by the board on any active variances continue to be met. Existing active variances shall remain in effect until the successor pharmacist-in-charge successfully submits the forms required in this subpart, for 90 days from the naming of a successor pharmacist-in-charge, or until the expiration date of the existing variance, whichever is sooner.

Name of pharmacy: _____ **License #:** _____

Address of pharmacy: _____

Name of previous PIC: _____ **License #:** _____

Name of successor PIC: _____ **License #** _____

Date on which new PIC assumed responsibilities: _____

Acknowledgement of Awareness and Understanding of All Active Variances

I acknowledge that I am aware of and understand the provisions, conditions and policies & procedures of all active variances that have been granted to the above-named pharmacy by the Minnesota Board of Pharmacy. The active variances are listed below. I understand that I am personally responsible for assuring that any conditions imposed by the Board on these variances will continue to be met and that any policies and procedures that were submitted as part of the original variance request will be followed. I further understand that it is my personal responsibility to ensure that these variances are renewed, as necessary, in accordance with Minnesota Rules 6800.9900, subp. 5.

<u>Variance Number</u>	<u>Variance Description</u>	<u>Expiration Date</u>

Additional information:

Signature of Successor PIC: _____ **Date:** _____