

## Certificate of Professional Responsibility

### Pharmacist-In-Charge (PIC) Form

*Note: the MN Board of Pharmacy holds the pharmacist-in-charge of each pharmacy responsible for all pharmacy related matters. This form must be completed within ten days of pharmacist-in-charge change. See the "Guidelines for Pharmacists-in-Charge" on the Board's website for the supporting documents to be sent in with this change.*

#### Pharmacy Information

MN License # \_\_\_\_\_ Name of Pharmacy \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pharmacy Email Address \_\_\_\_\_

#### New Pharmacist-in-Charge Statement

MN License # \_\_\_\_\_ Name \_\_\_\_\_

PIC Email address \_\_\_\_\_

I hereby certify that I am a licensed pharmacist in the state of Minnesota under the Minnesota license number listed above. On \_\_\_\_\_, I was designated pharmacist-in-charge of the pharmacy listed above. I assume professional responsibility for said pharmacy.

\_\_\_\_\_  
Signature of pharmacist-in-charge

\_\_\_\_\_  
Date

Do you have existing variances?  Yes  No

If yes, complete the variance form on page 2.

#### Pharmacist Surrendering Pharmacist-in-Charge Responsibility

MN License # \_\_\_\_\_ Name \_\_\_\_\_

I hereby certify that I am a licensed pharmacist in the state of Minnesota under the Minnesota license number listed above. On \_\_\_\_\_, I left the pharmacist-in-charge position of the pharmacy listed above. I no longer assume professional responsibility for said pharmacy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Download this form, then e-mail the completed form to the Board of Pharmacy at the link below. This document must be submitted with all requested supporting documents.**

Minnesota Board of Pharmacy  
335 Randolph Ave, Suite 230 | Saint Paul, MN 55102 Fax:  
(651) 215-0951 | E-mail: [pharmacy.board@state.mn.us](mailto:pharmacy.board@state.mn.us)

## Existing Variance Form for a Successor Pharmacist-In-Charge

*Not to be completed by temporary PICs.*

**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 \_\_\_\_\_

New PIC Name \_\_\_\_\_ License # \_\_\_\_\_

Date of which new PIC assumed responsibilities \_\_\_\_\_

### Acknowledgement of Awareness of All Active Variances

I acknowledge that I am aware of and understand, the provisions, conditions and policies and 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.

Variance Number	Variance Description	Expiration Date

For additional variances, please submit additional variances on another page.

Additional information

\_\_\_\_\_

\_\_\_\_\_

I understand that this form must be submitted to the Board within **ten days** of the PIC change.

\_\_\_\_\_  
Signature of pharmacist-in-charge

\_\_\_\_\_  
Date

**Download this form, then use the "Submit" button to e-mail completed form to the Board of Pharmacy. This document must be submitted with all requested supporting documents.**

**Minnesota Board of Pharmacy**

335 Randolph Ave, Suite 230 | Saint Paul, MN 55102

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