MINNESOTA
BOARD OF PHARMACY

Non-Resident Pharmacy 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.*

Pharmacy Information

MN License #_____ Name of Pharmacy_____

Address_____ City_____ State____ Zip_____

Pharmacy Email Address_____

Previous Pharmacist-in-Charge

State License #_____Name_____

New Pharmacist-in-Charge

State License #_____Name_____

PIC Email address _____

Do you have existing variances? ☐ **Yes** ☐ **No**

If yes, complete variance form on page 2.

Signature and Date of Change

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

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.

Submit Form

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

Rev 07/2026

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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

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