

Pharmacy License Category Change Notification

In-State and Out-State Pharmacies

This change notification should be submitted within 30 days prior to your pharmacy adding or deleting the products or services on your current license. **See MN Rules 6800.0350 for license categories and requirements.** No pharmacy may engage in providing products or services that it is not licensed by the Board of Pharmacy. There is no fee for the reprinted license with new categories.

Special considerations apply to pharmacies that wish to be licensed in hospital and limited services. Review Minnesota Rule 6800.9900 to determine if your request will require a variance.

Pharmacy Information

Current Name/DBA Name as listed on the License	Effective Date	Current MN License #	Federal Tax ID	DEA Number
Street Address	City	State	Zip	Contact Number

Check all categories of licensure of service(s) that you are currently licensed for.

License categories are listed on your current license. A license verification will also provide you with your current license categories.

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|-------------------------|------------------------|---------------------------|
| A. Community/Outpatient | B. Nuclear | C. Central Services |
| D. Hospital | E. Long Term Care | F. Home Health Care |
| G. Veterinary | H. Sterile Compounding | I. Nonsterile Compounding |
| J. Limited Services | | |

Other category not listed above:

Indicate the type of change to the services on your license below

Category	Add This Category	Delete This Category	Briefly Explain Reason for the Change
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A. Community/Outpatient			_____
B. Nuclear			_____
C. Central Services			_____
D. Hospital			_____
E. Long Term Care			_____
F. Home Health Care			_____
G. Veterinary			_____
H. Sterile Compounding			_____
I. Nonsterile Compounding			_____
J. Limited Services			_____
K. Other (Indicate type)			_____

The Board may contact you for additional information if necessary.

I, the undersigned, do hereby certify that all of the information contained in notification is true and correct, and that the firm will be operated in compliance with all applicable laws and regulations.

Pharmacist-In-Charge Signature	Printed Name	Date
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Mail, Fax, or E-mail this form to the Board of Pharmacy 30 days prior to the change in services.

Minnesota Board of Pharmacy

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

Fax: (651) 215-0951 | E-mail: pharmacy.board@state.mn.us