

INSTRUCTIONS FOR NOTIFYING THE BOARD OF A CHANGE IN PERSON-IN-CHARGE:

If there is a PIC change at a DME, please follow the instructions on the back of the renewal certificate. (SEE SAMPLE BELOW.)

NO PHOTOCOPIES ACCEPTED.

Questions? Email Wendy Watson at wwatson@ncbop.org or call 919.246.1050 ext. 221.

FRONT OF RENEWAL

Permit No. _____

NORTH BOARD OF CAROLINA PHARMACY

This is to Certify
That the
2009
Device and Medical Equipment
Dispensing Permit
Renewal
to Operate

Located at _____ County of _____

Has been renewed for the year ending December 31, 2009

Countersigned _____ Person In Charge of Permit
Issued _____

Leo Salafuto, MD
PRESIDENT

Wendy Watson
EXECUTIVE DIRECTOR

BACK OF RENEWAL

North Carolina Board of Pharmacy
PO Box 4560
Chapel Hill, NC 27515-4560
(919) 246-1050 ; Fax (919) 246-1056

CHANGE OF PERSON-IN-CHARGE

QUALIFICATIONS OF PERSON IN CHARGE OF DEVICES AND MEDICAL EQUIPMENT
DISPENSING PERMIT

Person In Charge Name and Home Address: [Please print legibly]

Name _____
Home Address _____
City _____ State _____ Zip+4 _____
Social Security Number of Person In Charge _____

Signature and Photograph of Person in Charge:

_____ Date of Change _____
_____ Signature of Person in Charge of Permit (Required) _____
_____ E-mail address of Person in Charge of Permit (PLEASE PRINT LEGIBLY) _____

Attach passport photo of Person in Charge here.
(REQUIRED)

PLEASE NOTE: A PERSON-IN-CHARGE CAN ONLY BE ASSIGNED TO ONE DME PERMIT.

COMPLETE THE ENTIRE BACK OF RENEWAL CERTIFICATE