

## NOTICE TO OUT-OF-STATE PHARMACIES HOLDING A NORTH CAROLINA PHARMACY PERMIT CONCERNING PHARMACIST-MANAGER DESIGNATION.

The Board of Pharmacy recently amended 21 NCAC 46.1607, Out-Of-State Pharmacies (“Rule .1607”). Under amended rule, effective May 1, 2022, the “pharmacist-manager for the out-of-state permit issued by this Board must be the same person as the pharmacist-manager (whether called a pharmacist-manager, a person-in-charge or otherwise) of the pharmacy on the permit issued by the pharmacy’s home state.”

All out-of-state pharmacy permit holders must log into the Board’s Licensure Gateway, review the designated pharmacist-manager and, if necessary, complete a Pharmacist-Manager (PM) Change Request:

*Step 1:* Log in under the permit via Facility Management on the Licensure Gateway page. Review the designated pharmacist-manager. If the pharmacist-manager is the same as the pharmacist-manager in the home state, no further action is necessary. If the pharmacist-manager is not the same as the pharmacist-manager in the home state, proceed to completing a Pharmacist-Manager Change Request.



### Welcome to the Licensure Gateway!

The Gateway is a single portal to manage licenses, permits and registrations associated with the North Carolina Board of Pharmacy. It grants access to printable documents, change of address, online applications and many more features. The Gateway is used to submit all license, permit and registration applications.

- For Pharmacies and DME's click on the [Facility Management](#) tab below.
- For users wishing to manage chain facilities, please click on the [Chain Management](#) tab below.
- All others click on the [Register Now!](#) button below if this is your first time visiting the Licensure Gateway.

Personal Licenses   **Facility Management**   Chain Management

\*Permit Type

\*Permit # or Confirmation # (for pending applications)

\*Password 

Login

 NEW Pharmacy

 NEW DME

### If you leave home, know your Ws!

 **WEAR** a cloth covering over your nose and mouth.

 **WAIT** 6 feet apart. Avoid close contact.

 **WASH** your hands or use hand sanitizer.

@NCDHHS #StayStrongNC

Step 2: Click on UPDATE MANAGER

Options 

 View Owners/Officers	 View/Update Services	 Address Correction	 Name Change
 Update Manager	 Transfer Ownership	 Pharmacy Re-Registration	 PT Ratio Change
 Print Annual Certificate	 Print Original Certificate	 Close Facility	 Update Non-controlling Owners
 Update Officers	 Donate To Stan Haywood Fund		

Step 3: Complete the required fields.

**\*NOTE\*** Out-of-state pharmacy permit holders must click on the box by “CANNOT FIND RECORD” to manually enter pharmacist-manager information. (See diagram below)

Additionally, if the incoming pharmacist-manager is completing the request, then the CERTIFICATE OF SUCCESSOR document is incorporated into the request. If someone other than the incoming pharmacist-manager is submitting the request, the CERTIFICATE OF SUCCESSOR document will be emailed to the incoming pharmacist-manager. Once the incoming pharmacist-manager receives the emailed document, they will need to sign it and upload it to the request.

To simplify the process, Board staff **strongly recommends** that the incoming pharmacist-manager submit the change request.

### New Manager

**New Manager Search (Use the fields below to search for Pharmacists)**

Pharmacist Name:

Pharmacist License #:

Can not find record

Since the pharmacist could not be found in our database, please enter the new pharmacist information into the fields below.

**\*New Manager Name:**

**\*New Manager License#:**

**\*New Manager Email:**

**Ohio Pharmacy Permit Number:**  
*(This is the actual facility permit/license number.)*

### Discipline

**\* Has the responsible pharmacist here designated ever been charged or disciplined by any licensing or permitting authority, federal or state? Discipline includes, but is not limited to any letter of warning, reprimand, license suspension or revocation, permit suspension or revocation, or registration suspension or revocation.**

Yes  No

## Effective Date

\* Effective Date:

Check here if you are acting as a temporary Pharmacist Manager under the 90 Day rule, as indicated in 21 NCAC 462502.

## Submitter Information

\* Are you the New Pharmacist Manager?

 Yes  No

\* Submitter Name

\* Submitter Position/Title

\* Submitter Email

\* Submitter Phone

Cancel / Exit

Next

## CERTIFICATE OF SUCCESSOR AS PHARMACIST MANAGER

\* I, **Test Pharmacist**, do hereby certify that I am licensed to practice in this jurisdiction, and that I am employed as the pharmacist-manager in the pharmacy for which the issue/reissue of a permit is sought. I do further certify that as pharmacist-manager I am responsible for the conducting and management of the pharmacy for which the issue/reissue of this permit is sought. I understand that the issued/reissued permit is not valid until it is countersigned by me on the face of the permit. I agree as pharmacist-manager to display, in a prominent place in the pharmacy, the permit issued/reissued pursuant to this certification. I understand that is not transferable and that any changes in ownership of the store or pharmacy or in my position as pharmacist-manager requires that the Board be immediately notified. I also certify that I understand the requirements of the laws of the state as they relate to the operation of a pharmacy or drugstore and in particular to the dispensing of drugs and the filling of prescriptions. I do further certify that I understand the requirements of and am willing to assume the responsibility as the pharmacist-manager of the pharmacy for which this certification is made. According to NC GS 90-85.21 and 21 NCAC 46.2502.

### Certification By Pharmacy

I, **Test Pharmacist**, do hereby certify that the pharmacy employs a pharmacist who is responsible for dispensing, shipping, mailing, or delivering dispensed legend drugs into North Carolina and who has met requirements for licensure equivalent to the requirements for licensure in North Carolina.

### Certification By Pharmacist

I, **Test Pharmacist**, do hereby certify that I am an employee of the pharmacy and am the pharmacist referred to in the Certification by Pharmacy above. I hereby certify that I am subject to the jurisdiction of the Board, the provisions of North Carolina General Statutes Chapter 90, Article 4A, and the rules adopted by the Board.

I Agree

Previous

Cancel / Exit

Next

Step 4: Home-state permit verification



**ATTENTION:** Items below are required to be uploaded before your application can be submitted.

Home State Permit Number Verification

Drop files here or click to upload.

Previous

Cancel / Exit

Next

Step 5: Payment and Submission

The pharmacist-manager change request fee is \$35. Please ensure that information entered on the payment screen matches the billing name and address of the credit card being used.

Once submitted, please allow 7-10 business days for Board staff to review and process the request. If additional information is needed, the pharmacist-manager will receive an email requesting that information.

Once processed, the pharmacist-manager will receive an automated email letting them know the change has been completed.

Step 6: Print Certificate

The pharmacist-manager should log in under the permit and click the tile, PRINT ANNUAL CERTIFICATE, to print an updated certificate.

Options ⓘ

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