



**California State Board of Pharmacy**  
 2720 Gateway Oaks Drive, Suite 100  
 Sacramento, CA 95833  
 Phone: (916) 518-3100 Fax: (916) 574-8618  
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs  
 Gavin Newsom, Governor



## NOTIFICATION OF DISASSOCIATION AS PHARMACIST-IN-CHARGE (PIC)

Business and Professions Code section 4101(a) requires any pharmacist-in-charge (PIC) who ceases to act as the PIC of a pharmacy to notify the board in writing within 30 days of the date of that change in status. Failure to provide this notification to the board may result in a citation and fine or disciplinary action.

**INSTRUCTIONS:** This *Notification of Disassociation as Pharmacist-in-Charge* form is made available as a convenience and is intended to assist licensees in providing the required notification to the board. No fee is required. Completed forms may be submitted by email to [picstatus@dca.ca.gov](mailto:picstatus@dca.ca.gov).

**1. Licensed Facility Location** - Please Type or Print

Name of Facility \_\_\_\_\_ Facility License Number \_\_\_\_\_

Address of Facility \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. Details of Disassociation** - Please Type or Print

Name \_\_\_\_\_ Pharmacist License Number \_\_\_\_\_

Date of Disassociation (Month/Day/Year) \_\_\_\_\_

E-mail Address \_\_\_\_\_

***I certify that all statements, answers, and representations made on this form are true and correct.***

\_\_\_\_\_  
 Signature of Disassociated PIC Date