



Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201

P: 501.682.0190 F: 501.682.0195

asbp@arkansas.gov • www.pharmacyboard.arkansas.gov

John Clay Kirtley, Pharm.D., Executive Director



Instructions for Change of Pharmacist-in-Charge (PIC)

Please read Regulation 4 regarding PIC requirements and responsibilities.

In-State Retail Pharmacies/Hospitals/Charitable Clinics

To become PIC of an **In-State Retail Pharmacy/Hospital/Charitable Clinic**, you must submit:

- A **completed PIC/Preceptor Exam** (Not required if you have been a PIC in the past)
- The **Change of PIC form**
- The **\$35 fee check or money order** made out to the Arkansas State Board of Pharmacy. **NO CASH.**
(This fee is waived for Charitable Clinics)
- The **facility license** with the outgoing PIC's name.
- An **inventory of Schedule II, III, IV and V drugs**. (Requirement is waived for Charitable Clinics)
 - CII (these must be separate from all other items and must be an **exact** count)
 - CIII-V (this includes Tramadol products)
 - Pseudoephedrine Products

The inventory should be done on the last day of employment (or last day of work as PIC) of the exiting PIC. (If both pharmacists are not present for the inventory, the new PIC may either sign the inventory of the exiting PIC or perform a new inventory at the beginning of business on the first day of employment.)

Once all of these are complete, a new facility license will be mailed naming the new PIC.

Each facility has 30 days to name a new PIC. If at the end of 30 days a PIC has not been named, the pharmacy manager must request a 15-day extension. The pharmacy manager will be notified by phone or email as to whether the request was approved or denied. Every facility is eligible for two 15-day extensions. The extension form can be found online.

Out-of-State Retail Pharmacies/503B Wholesale Distributors

The PIC for an out-of-state retail facility or 503B facility is an Arkansas licensed pharmacist with whom the Arkansas Board may correspond. To become PIC of an **Out-of-State Retail Pharmacy or 503B Facility**, you must submit:

- The **Change of PIC form**
- The **\$35 fee check or money order** made out to the Arkansas State Board of Pharmacy. **NO CASH.**
- The **facility license** with the outgoing PIC's name
- No inventory is required

Once all of these are complete, a new facility license will be mailed naming the new PIC.

An Out-of-State pharmacy or facility may name a PIC that has not yet reciprocated to Arkansas but has started the reciprocity process. To be considered "in process," an Arkansas Reciprocity Application **must** be on file at the Arkansas State Board of Pharmacy, and the applicant **must** report to the next regularly scheduled Board meeting. If you have any questions about any of the above-mentioned procedures, please feel free to call our office at 501-682-0190.



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Change of Pharmacist-in-Charge (PIC)

Fee: \$35

Facility Name: _____

ASBP Facility License Number: _____

Physical Location of Facility (street, city, zip code): _____

Telephone Number: () _____

Fax Number: () _____

EXITING PIC:

Name:	License #: PD
Phone Number: () _____	Email Address: _____
Last date to serve as PIC for this facility: _____	
Will the exiting pharmacist in charge continue working in this facility? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO , what is the last date worked? _____	

NEW PIC:

Name:	License #: PD
Phone Number: () _____	Email Address: _____
First date to serve as PIC for this facility: _____	
Has the New PIC taken the PIC/Preceptor Exam? <input type="checkbox"/> YES <input type="checkbox"/> NO	
This is a requirement for In State Retail Pharmacies/Hospitals/Charitable Clinics only.	
If you need an exam, or are unsure if the exam has been taken, please contact the Board office	
Facility Hours of Operation: (Total Hours per Week)	# of hours per week the new PIC will be working: _____

Person with whom the Board can correspond regarding this change:

Name: _____
Phone Number: () _____ Email Address: _____

Printed Name

Signature

Date

Owner or Owner's Representative (may be PIC)

FOR OFFICE USE ONLY

Fee Submitted: \$35 Check No.: _____



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Controlled Substances Inventory Cover Sheet for Change of Pharmacist-In-Charge

Please keep a copy of your inventory on file in your pharmacy.

For In State Retail Pharmacies/Hospitals: Attach an inventory of Schedule II, III, IV and V drugs. The inventory is to be signed by both the exiting and the new PIC of this facility. The inventory should be done on the last day of employment (or last day of work as PIC) of the exiting PIC. (If both pharmacists are not present for the inventory, the new PIC may either sign the inventory of the exiting PIC or perform a new inventory at the beginning of business on the first day of employment if a few days have passed since the exiting PIC's inventory was taken.)

Name of Pharmacy: _____

Physical Address: _____

ASBP Facility License #: _____

DEA License #: _____

Phone: _____

Fax: _____

Exiting PIC Conducting Inventory:

Printed Name

Signature

Incoming PIC Conducting Inventory:

Printed Name

Signature

When the Inventory was Conducted:

Date: _____

Time: _____

Inventory must include:

- CII (these must be separate from all other items and must be an **exact** count)
- CIII-V (this includes Tramadol products)
- Pseudoephedrine Products

The inventory must include the following:

Drug name, Strength, Dosage Form, Number of Units, Volume or Total Quantity