

Change of Responsible Manager

If you have changed your employment, please complete and mail or fax this form to:

Washington Board of Pharmacy
PO Box 47877
Olympia, WA 98504-7877
Fax: 360.236.4918

Termination of Responsible Manager Position

Your Name (Printed): _____

Effective Date of Change: _____

Your License Number: _____

Pharmacy Name: _____

Pharmacy License Number: _____

Pharmacy Address: _____

Your Signature: _____

Appointment of Responsible Manager Position

Your Name (Printed): _____

Effective Date of Change: _____

Your License Number: _____

Pharmacy Name: _____

Pharmacy License Number: _____

Pharmacy Address: _____

Your Signature: _____