STATEMENT OF OFFICER CHANGE



State Form 55890 (8-15)

INSTRUCTIONS:

- 1. Use this form to provide notice of a change of officers that does not constitute a change of ownership under IC 25-26 or 856 IAC 1.
- 2. There is no fee for a change of officer submission that does not constitute a change of ownership.
- 3. Please include a list of officers and detailed organizational chart.
- 4. If, after review of this form, you determine your change to be one of ownership under IC 25-26 or 856 IAC 1, please complete and submit: a. In state: State Form 30410, Application for Permit to Operate, Maintain, Open, or Establish a Pharmacy in the State of Indiana; or
 - b. Nonresident: State Form 50248, Application for Registration as a Non-Resident Pharmacy in the State of Indiana.

FACILITY INFORMATION									
Name of facility			Indiana pharmacy license number						
Name of qualifying pharmacist			License number of qualifying pharmacist						
Location of pharmacy (number and street, city)	County			ZIP code		Telephone number			
						()			
NCPDP number (If you do not have a number, please provide to the Board of Pharmacy u	INSPECT		CT account?		If yes, provide INSPECT account number				
		🗌 🗆 Yes 🗆] No						

NARRATIVE

Please provide a narrative explaining why this change of officer(s) does not constitute a change of ownership under IC 25-26 or 856 IAC 1.

INQUIRY OF LAW VIOLATIONS

1.	Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, has the licensee, any of the agents, officers, or pharmacists ever been convicted of, or pled guilty or <i>nolo contendre</i> to:	🗌 Yes	🗌 No
	A. A violation of any federal, state or local laws relating to the use, manufacturing, distributing, or dispensing of controlled substances or of drug addiction?		
	B. Any offense, misdemeanor, or felony in any state?		
	If Yes to A or B, submit a sworn statement giving full details, include the violation location, date and disposition.		
2.	Is any action pending on any of the above?	🗌 Yes	🗌 No

CERTIFICATION

By signing below, you certify that you are *not* changing ownership pursuant to IC 25-26 or 856 IAC 1 and that you will remain compliant with all applicable statutes and regulations.

Signature of owner or agent

Date (month, day, year)