

**STATE BOARD OF PHARMACY**800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056**REGISTRATION APPLICATION:  
Change in Employment  
Form LA-50****INSTRUCTIONS**

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff.

This form is for Pharmacists, Interns, and Technicians to report a change in employment as required by the Board of Pharmacy. A change in Pharmacist in Charge should be submitted using Form BA-50 Change in PIC.

**LICENSE or REGISTRATION INFORMATION**

|                                    |             |   |
|------------------------------------|-------------|---|
| First Name                         | Middle Name | Last Name   |
| Kansas License/Registration Number |             | Type: <input type="checkbox"/> Pharmacist <input type="checkbox"/> Intern <input type="checkbox"/> Technician |

**NEW EMPLOYER INFORMATION**

|   |                         |                               |                       |
|---|-------------------------|-------------------------------|-----------------------|
| Facility Name                                 |                         | Facility Registration Number* |                       |
| Physical Address (non-residential, no PO Box) |                         |                               |                       |
| City  | State                   | Zip                           | County                |
| Phone   | Facility Contact Person |                               | Employment Start Date |

\*If you do not know the Pharmacy Registration Number, go to <https://ksbop.licensesoftware.com/portal.aspx>.**PREVIOUS EMPLOYER INFORMATION (if applicable)**

|   |                         |                               |            |          |
|---|-------------------------|-------------------------------|------------|----------|
| Facility Name                                 |                         | Facility Registration Number* |            |          |
| Physical Address (non-residential, no PO Box) |                         |                               |            |          |
| City  | State                   | Zip                           | County     |          |
| Phone   | Facility Contact Person |                               | Start Date | End Date |

\*If you do not know the Pharmacy Registration Number, go to <https://ksbop.licensesoftware.com/portal.aspx>.**APPLICANT CERTIFICATION***I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form and that the information provided is true, correct, and complete to the best of my knowledge.*\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE SIGNED