

**STATE BOARD OF PHARMACY**

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Topeka, Kansas 66612-1244
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**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