

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785) 296-4056  
pharmacy@ks.gov Fax (785) 296-8420

**BUSINESS APPLICATION:  
Change in PIC  
Form BA-50**

**INSTRUCTIONS**

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

**Section A** must be completed by the outgoing PIC and submitted to the Board office within five days of his/her last day, along with the Kansas Board of Pharmacy facility registration. Completion of this section represents sufficient compliance with K.A.R. 68-2-5. Keep a copy of the registration on display until you receive a new registration.

If there is no incoming PIC, retain a copy of this form (with Section A completed) to be re-submitted when the incoming PIC is selected. If an outgoing PIC is terminated for cause, another pharmacist may complete the outgoing inventory upon direction of the owner.

**Section B** must be completed by the incoming PIC and submitted to the Board office within 30 days of the outgoing PIC's last day, along with payment.

**Section C** (page 2) should be completed by the owner or authorized agent and submitted to the Board office if a PIC is not able to be selected within the allotted time. Retain a copy of this form (with Sections A and C completed) to be re-submitted when the incoming PIC is selected.

**FEES**

Enclose a check or money order payable to the Kansas State Board of Pharmacy in the amount of \$112.00 for a pharmacy when **Section B** is completed. If facility is not a pharmacy, please pay the original fee for your license type. Fees are nonrefundable.

**BUSINESS INFORMATION**

Name	Kansas Registration Number
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**A. OUTGOING PIC INFORMATION** (serves as resignation notice per KAR 68-2-5)

Name	License Number
Last Day	Will you remain on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No

*I understand that pursuant to K.A.R. 68-2-5 I am required to submit this notification to the Board within five days of ceasing to serve as the pharmacist-in-charge and that pursuant to K.A.R. 68-7-12(e) I am responsible for conducting an inventory of all controlled substances before leaving the PIC position.*

SIGNATURE

DATE SIGNED

**B. INCOMING PIC INFORMATION**

Name	License Number
First Day (Cannot be before outgoing PIC's last day)	Email Address

Yes  No **Have you ever been a PIC in Kansas before?**

If yes, Pharmacy Name: \_\_\_\_\_ Pharmacy Registration #: \_\_\_\_\_

*I understand that pursuant to K.A.R. 68-7-12(f) I am responsible for conducting an inventory of all controlled substances within 72 hours of beginning to function as the pharmacist-in-charge.*

SIGNATURE

DATE SIGNED

Initials: \_\_\_\_\_

**OFFICE USE ONLY**

Permit #: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_



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**PIC WAIVER INSTRUCTIONS**

Requests for additional time to secure a new PIC should be completed by the owner or authorized agent and submitted to the Board office no fewer than 20 days and no more than 30 days after the outgoing PIC's last day and should only be used when a new PIC is not able to be employed within the allotted time.

All requests for waiver are subject to review by the Executive Secretary. You will be promptly notified of the approval or denial of your request.

Requests for additional time beyond the initial waiver are subject to additional scrutiny and will be reviewed with a staff inspector.

**C. WAIVER REQUEST**

Reason for request:

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This is my:     First Request         Second Request         Third Request

*I request 30 additional days in which to find a pharmacist-in-charge. I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this waiver request and that the information provided is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
EMAIL

<b>OFFICE USE ONLY</b>		
Approved / Denied	Initials: _____	Date: _____
		Notification Date: _____