

State of Nebraska DHHS - Division of Public Health
Licensure Unit - Acute Care Facilities Office
PO Box 94986
Lincoln, NE 68509-4986
DHHS.acutecarefacilities@nebraska.gov
FAX: 402-742-8319

FOR HOSPITAL PHARMACIST IN CHARGE CHANGES:

1. Submit this form and a COPY of the controlled substance inventory taken at the time of the PIC Change. NOTE: There is NO GRACE PERIOD for the facility to be without a Pharmacist In Charge. The Department MUST be notified within 30 days of the change in the PIC.
2. Email or fax this to the Acute Care Office at the above email/fax address and be sure to keep a copy of what you submit to the Department for your records.

DATE:

PHARMACY NAME:

PHARMACY ADDRESS:

DOES THIS PHARMACY HAVE A COMMUNITY PHARMACY LICENSE?

YES

If yes, License number: _____

NO

HOSPITAL NAME &
ADDRESS

EFFECTIVE DATE OF
CHANGE:

PREVIOUS PHARMACIST
IN CHARGE:

LICENSE #:

CURRENT
PHARMACIST
IN CHARGE:

LICENSE #:

SIGNATURE OF CURRENT
PHARMACIST IN CHARGE:

EMAIL ADDRESS:

PHONE: