

AFFIDAVIT FOR PHARMACIST IN CHARGE
ON PHARMACY TECHNICIAN APPROVAL

****To use for a change in pharmacist-in-charge****

I certify that I have read and agree to abide by the '**Pharmacy Technician Manual**' on file for

_____ Pharmacy License # _____ located at
(Name of Pharmacy)

_____ (Street Address) _____ (City) _____ (Zip)

_____ (Date) _____ (Signature of Pharmacist in Charge) (RP license #)

_____ (Name and license # of Pharmacy requesting approval)