



Arkansas State Board of Pharmacy

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John Clay Kirtley, Pharm.D., Executive Director



Extension Request for Change of PIC

Pharmacy Name: _____

Physical Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Fax Number: _____

Facility license number : _____

Name of Outgoing PIC: _____

Last Day to Work? _____

First 15-Day Extension Request

Second 15-Day Extension Request

(Please note that once the 2nd 15-day extension has been exhausted; a hearing before the Board may be required in addition to a fine of \$2500 per Board of Pharmacy regulations.)

Name of Person Submitting Request: _____

Telephone Number: _____

Email address: _____

Signature of Pharmacist / Submitter

Date

FOR BOARD USE ONLY:

Approved By

Date