



Arkansas State Board of Pharmacy

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John Clay Kirtley, Pharm.D., Executive Director



Facility Roster Change Form

Facility Requesting Changes:

Name of Pharmacy:

License #:

Pharmacy Physical Address:

You can email, mail, or fax these changes to the Board.

Employee Changes: (Please put changes in order by name, license #, and/or license type—PD, PI, PT...)

Add	Remove	Name	License #

Have more changes? Feel free to email them to the Board at asbp@arkansas.gov — please be sure to include the information above: the facility name, license number and physical location and the name and license number of the person you wish to remove or add to the roster.

Who do we need to contact if we have questions about these changes?

Name:

Phone #:

Email:

Changes Made?
Initial & Date: