

Pharmacy Examining Board

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

E-Mail: DSpscCredPharmacy@wisconsin.gov
Website: <http://dsps.wi.gov>

PILOT PROGRAM SUPERVISING PHARMACIST CHANGE

**IN THE EVENT OF CHANGE OF THE SUPERVISING PHARMACIST IN AN INSTITUTIONAL
TECH-CHECK-TECH PILOT PROGRAM OR AUTOMATED TECHNOLOGY FINAL CHECK PILOT
PROGRAM, THE MANAGING PHARMACY SHALL NOTIFY THE BOARD OF CHANGE WITHIN 5 DAYS.**

DBA NAME OF PHARMACY: (This must be the name on the pharmacy license.)	PHARMACY TELEPHONE:	PHARMACY WI LICENSE NUMBER:
PHARMACY ADDRESS (pharmacy location to which the waiver applies): number, street, city, zip code		
MANAGING PHARMACIST:	EMAIL:	
NEW TECH-CHECK-TECH SUPERVISING PHARMACIST:	EMAIL:	
DATE CHANGE TAKES EFFECT:	FORMER TCT SUPERVISING PHARMACIST:	

Wisconsin Department of Safety and Professional Services

We attest that we have read, understand, and will comply with all requirements of the institutional tech-check-tech pilot program requirements; the application covers only the pharmacy indicated above and at the location specified; and that we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

New Supervising Pharmacist Signature

WI License Number

Date

Printed Name of person signing above

Managing Pharmacist Signature

WI License Number

Date

Printed Name of person signing above