

**South Dakota Board of Pharmacy**

3701 West 49<sup>th</sup> Street, Suite 204

Sioux Falls, SD 57106

Phone 605-362-2737 Fax 605-362-2738

[www.pharmacy.sd.gov](http://www.pharmacy.sd.gov)

**Change of Name, Address, or Employment**

(Must be reported to the Board within 10 days of change)

**If you do not request a duplicate license or registration,  
the change will be reflected on your next renewal.**

Pharmacist / Intern / Technician (circle one)      Registration No. \_\_\_\_\_

**Previous Name** \_\_\_\_\_

**If Changing Name, New Name** \_\_\_\_\_

(If name has changed, please attach a copy of document to verify the name change; i.e., marriage license)

**Old Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Old Phone:** \_\_\_\_\_

**New Phone:** \_\_\_\_\_

**Old Email:** \_\_\_\_\_

**New Email:** \_\_\_\_\_

**Old Employment:**

Pharmacy License Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Employment:**

Pharmacy License Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Old Business Phone:** \_\_\_\_\_

**New Business Phone:** \_\_\_\_\_

Date Change is Effective: \_\_\_\_\_