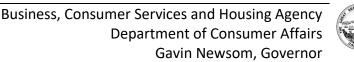


California State Board of Pharmacy 2720 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833

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NOTIFICATION OF DISASSOCIATION AS RESPONSIBLE MANAGER (RMG)

Business and Professions Code section 4101(c) requires any responsible manager who ceases to act as the responsible manager at that entity to notify the board in writing within 30 days of the date of that change in status. Failure to provide this notification to the board may result in a citation and fine or disciplinary action.

INSTRUCTIONS: This *Notification of Disassociation as Pharmacist-in-Charge* form is made available as a convenience and is intended to assist licensees in providing the required notification to the board. No fee is required. Completed forms may be submitted by email to picstatus@dca.ca.gov.

1.	Licensed Facility Location - Please Type or Print		
	Name of Facility	Facility License Number	
	Address of Facility		
	City		
2.	Details of Disassociation - Please Type or Print		
	Name	RMG License Number	
	Date of Disassociation (Month/Day/Year)		
	E-mail Address		
I c	ertify that all statements, answers, and representations	made on this form are true and correct.	
Signature of Disassociated RMG		Date	