

**NOTIFICATION OF EMPLOYMENT CHANGE—PHARMACIST**

- Consistent with Colorado law, addresses of licensees are made available to the public.
- This address change will be reflected on all licenses that you carry.
- Clearly print or type all requested information.
- Deliver, mail, or FAX the completed form to the address above.

**PART 1—LICENSEE INFORMATION**

|  |                   |  |         |
|--|-------------------|--|---------|
| <b>Name:</b> Last:   | First:            | Middle:  | Suffix: |
| <input type="checkbox"/> <b>Colorado Pharmacist License Number</b> —OR— <input type="checkbox"/> <b>Colorado Pharmacy Intern License Number:</b> |                   |  |         |
| <b>Mailing Address:</b><br><i>This is a <input type="checkbox"/> Home <input type="checkbox"/> Business</i>                                      | PO Box, Street:   |  |         |
|  | City, State, Zip: |  |         |
| <b>Daytime Telephone Number:</b> (     )   |                   | <b>E-mail Address:</b><br><i>Preferred method for communication:</i> <input type="checkbox"/> Mail <input type="checkbox"/> E-mail |         |

**PART 2—NEW EMPLOYMENT INFORMATION**

|                                  |                            |   |
|----------------------------------|----------------------------|---|
| <b>Name of Pharmacy:</b>         |                            |   |
| <b>Mailing Address:</b>          | PO Box, Street:            |   |
|                                  | City, State, Zip:          |   |
| <b>Telephone Number:</b> (     ) | <b>FAX Number:</b> (     ) | <b>Date employment started:</b><br>(mm/dd/yyyy) |

**PART 3—PREVIOUS EMPLOYMENT INFORMATION**

|                                  |                            |   |
|----------------------------------|----------------------------|---|
| <b>Name of Pharmacy:</b>         |                            |   |
| <b>Mailing Address:</b>          | PO Box, Street:            |   |
|                                  | City, State, Zip:          |   |
| <b>Telephone Number:</b> (     ) | <b>FAX Number:</b> (     ) | <b>Date employment ended:</b><br>(mm/dd/yyyy) |

**ATTESTATION**

I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained above is true and correct to the best of my knowledge. I understand that providing false information is grounds for denial, suspension or revocation of a license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date