



State of Connecticut
Department of Consumer Protection
Commission of Pharmacy
 165 Capitol Avenue, Room 147
 Hartford, CT 06106 - Telephone: 860-713-6070

Notification of Pharmacist Change of Name, Address and/or Employment

In accordance with Sections 20-576-10 and 20-576-11 of the Regulations of Connecticut State Agencies, you must notify the Commission of Pharmacy, in writing, within five days, of **any change(s)** of name, home address or employment.

Pharmacist's Name: _____

License Number: PCT. _____

Effective Date of Change(s): ____ / ____ / ____

Please check all that apply and return by:

Email: dcp.pharmacistlicense@ct.gov

Fax: (860) 706-1229

U.S. Mail: Commission of Pharmacy, 165 Capitol Avenue, Room 147,
 Hartford, CT 06106

Type of Change	New Information
Name Change	Previous Name: _____ Current Name: _____
Home Address Change	Address: _____ City, State, ZipCode: _____
Employment Change	Name of Place: _____ Address: _____ City, State, ZipCode: _____ Pharmacy License Number: _____ Type of Practice: _____