

PHARMACIST-IN-CHARGE ATTESTATION

The information below must be completed by the Pharmacist-In-Charge.

A. NAME OF PHARMACIST-IN-CHARGE	B. BIRTH DATE	C. PHARMACIST LICENSE NUMBER
D. HOME ADDRESS (Street, City, State, ZIP Code)	E. HOME TELEPHONE NUMBER Area Code (___ ___) ___ - ___ ___	
	F. DRIVER'S LICENSE NUMBER OR OTHER ID NUMBER	G. INDICATE TYPE OF ID
H. LOCATION OF PHARMACY (Include Number, Street, City, ZIP Code)	I. COUNTY	
	J. EMAIL ADDRESS	

1. Have you ever been charged in a court of law, hearing or other administrative procedure with any violation of the laws of the United States or of any individual state relating to the practice of pharmacy, drugs, liquor, poisonous substances or any felony offense? Yes No (If "Yes," state all particulars, dates, places, and present status on separate sheet and include certified court documents related to the offense(s).)
2. Have you been an owner of a pharmacy that had its certificate of registration disciplined? Yes No (If "Yes," provide all details on a separate sheet.) (NOTE: Owner is defined as sole proprietor, partner or shareholder who owns in excess of 5 percent of the outstanding shares of a corporation, or the spouse or children of such proprietor, partner, or shareholder, excluding publicly traded stocks.)
3. I will be in physically present at the pharmacy for a minimum of eight hours per week. Yes No
4. I will notify the Department within 30 days of my departure as pharmacist-in-charge in writing. Yes No

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me or the owner in connection therewith, and to the best of my knowledge, they are true, correct, and complete; and I hereby declare that, if the certificate of registration for the pharmacy herein described is granted, such pharmacy will (a) be engaged in the practice of pharmacy, (b) have in stock and maintain sufficient drugs and medicines within 30 days after the issuance of a certificate of registration if required, (c) have and maintain adequate space for a prescription department, (d) be operated in conformity with all applicable local, state, and federal laws. I further declare that the Illinois Department of Financial and Professional Regulation will be promptly notified of the effective date of any change of ownership, name, and address of the pharmacy or pharmacist-in-charge.

Signature of Pharmacist-in-Charge: _____ Date: _____