



Pharmacy Quality Assurance Commission  
 PO Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

## Change of Responsible Pharmacist Manager

[WAC 246-945-310](#)

Please send all changes regarding the designated Responsible Pharmacist Manager for the Pharmacy or for a HealthCare Entity to the Department of Health, Pharmacy Quality Assurance Commission at:

Fax: 360-236-4918

Email: [hsqafc@doh.wa.gov](mailto:hsqafc@doh.wa.gov)

### Termination of Responsible Pharmacist Manager

Pharmacist's Name (Printed):		
Effective Date of Change:	Pharmacist's License Number:	
Pharmacy/Healthcare Entity Name:	Pharmacy/Healthcare Entity License Number:	
Pharmacy/Healthcare Entity Address:		
City:	State:	Zip Code:
Pharmacist's Signature:		

### Appointment of Responsible Pharmacist Manager

Pharmacist's Name (Printed):		
Effective Date of Change:	Pharmacist's License Number:	
Pharmacy/Healthcare Entity Name:	Pharmacy/Healthcare Entity License Number:	
Pharmacy/Healthcare Entity Address:		
City:	State:	Zip Code:
Pharmacist's Signature:		