Missouri Board of Pharmacy
Facility Name Change Application

INSTRUCTIONS

- Complete this application if you currently hold a Missouri license/permit and are applying to change the name of one of the facilities listed below (resident or non-resident):
  - □ Drug Distributor/Drug Manufacturer Registrant
  - □ Drug Outsourcer
  - □ Pharmacy
  - □ Third-Party Logistics Provider

Facility name change applications can now be submitted online via the MOPRO licensing portal. Visit https://mopro.mo.gov/license/s/ to file an online application.

- This application may not be used if a change of ownership is involved in the name change. A Missouri Change of Ownership application must be submitted if the facility's ownership has changed. Application forms are available on the Board's website at https://pr.mo.gov/pharmacists-forms.asp. *Note: Corporate structure changes are generally considered a change of ownership and require a Change of Ownership application (i.e.,- changing to a corporation, LLC, LLP or sole proprietorship).* See the following rules for additional Change of Ownership requirements/guidelines:
  1. Pharmacies: 20 CSR 2220-2.020(3)
  2. Drug Distributors/Drug Manufacturer Registrants: 20 CSR 2220-5.020(5)
  3. Drug Outsourcers/Third-Party Logistics providers: 20 CSR 2220-8.020(2)
- **A $ 25.00 APPLICATION FEE MUST BE SUBMITTED WITH THIS FORM.** Checks or money orders must be signed and made payable to: Missouri Board of Pharmacy. **FEES ARE NON-REFUNDABLE**
- **NON-RESIDENT FACILITIES:** Non-Resident facilities must submit a copy of their updated state facility license and, if applicable, controlled substance registration(s) showing their new name.
  - The Board recognizes additional time may be needed to obtain updated proof of licensure/new controlled substance registrations. Online license verification documents printed from the facility's state licensing authority will be accepted if the verification shows the facility's new name and disciplinary history.
  - Until a final licensure decision is made by the Board, non-resident facilities may temporarily use their current license to operate under the new name if a completed Change of Name application has been filed with the Board with the appropriate fee.
- Please allow **2-3 weeks** for your application to be processed.
- Questions regarding this application may be sent to pharmacy@pr.mo.gov or (573) 751-0091.

MISSOURI BOARD OF PHARMACY
FACILITY CHANGE OF NAME APPLICATION
(Resident & Non-Resident)

Facility name change applications can now be submitted online via the MOPRO licensing portal.
Visit https://mopro.mo.gov/license/s/ to file an online application.

SUBMIT THIS COMPLETED APPLICATION TO:

MAILING ADDRESS
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102

OVERNIGHT ADDRESS
MISSOURI BOARD OF PHARMACY
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

- ✓ SEE INSTRUCTION SHEET FOR COMPLETION OF THIS FORM.
- ✓ **$ 25.00 APPLICATION FEE. FEE IS NON-REFUNDABLE**
- ✓ KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS

FOR OFFICE USE ONLY
PERMIT #
ISSUE DATE
RECEIVED

SECTION A: FACILITY INFORMATION

Type of Facility Changing Names:

- ☐ Drug Distributor
- ☐ Drug Outsourcer
- ☐ Pharmacy
- ☐ Third-Party Logistics Provider (3PL)

CURRENT FACILITY LICENSE/PERMIT NAME	FACILITY LICENSE/PERMIT #

FACILITY ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)

NEW NAME INFORMATION

WHICH FACILITY NAME ARE YOU CHANGING CHECK ALL THAT APPLY:

☐ License/Permit Holder Name ☐ License/Permit Holder "Doing Business As" (DBA) Name

NEW FACILITY NAME (List the Official License/Permit Holder Name that should be listed on the license)

NEW FACILITY DBA NAME (List the DBA name that should be reflected on your license, if different from the facility's official license/permit name.)

FACILITY TELEPHONE #	FACILITY FAX #

FACILITY E-MAIL ADDRESS	EFFECTIVE DATE OF NAME CHANGE

FACILITY PHARMACIST-IN-CHARGE/MANAGER-IN-CHARGE/SUPERVISING PHARMACIST (Not applicable to Drug Manufacturer Registrants)

****A separate Pharmacist-In-Charge/Manager-In-Charge/Supervising Pharmacist Change application must be filed with the Board if the designated PIC, MIC or Supervising Pharmacist will be changing. Application forms are available on the Board's website.****

NON-RESIDENT FACILITIES

Facilities that are not physically located in Missouri must also attach:

- ☐ A copy of the facility's updated state license or its equivalent from the state where the facility is located showing the new name listed above. Online license verification documents printed from the facility's state licensing authority will be accepted if the verification shows the facility's disciplinary history, AND
- ☐ A copy of the facility's updated state and federal controlled substance registration(s).

An updated controlled substance registration is **not** required if one of the following boxes is checked *(check as applicable)*:

- ☐ The facility does not distribute or dispense controlled substances in Missouri.
- ☐ The facility's licensing state does not issue a separate controlled substance registration/license. By checking this box, the applicant hereby attests and certifies that the facility identified above is legally authorized to dispense, procure, possess or store controlled substances at the new location designated herein.

SECTION B: MILITARY BENEFITS/SERVICES

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? □ YES □ NO

Would you like to receive information and assistance regarding veterans benefits and services? □ YES □ NO

May the agency share your contact information with the Missouri Veterans Commission to provide such information?

General information may also be found on the Missouri Veterans Commission's website https://mvc.dps.mo.gov/.
□ YES □ NO

SECTION C: APPLICANT AFFIDAVIT

This affidavit must be signed by the pharmacist-in-charge/manager-in-charge/supervising pharmacist designated with the Board or by a partner, corporate officer, or the sole proprietor named in the Board's records. Alternatively, the application may be signed by a person with a designated power of attorney who is authorized tosign and submit this application on the facility's behalf. Proof of the designated power of attorney must be submitted with this application.

This application is hereby submitted on behalf of the facility identified herein. I attest the foregoing application has been completed truthfully and accurately to the best of my knowledge and belief. I am making this affidavit knowing that any false statements or material omission may subject me or the entity identified herein to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that the applicant/facility must comply with all applicable federal and state law(s) as well as the regulations of the Missouri Board of Pharmacy. I certify that no change of ownership as defined by the Board's rules is involved in this name change. I hereby certify under penalty of perjury that the information and answers contained herein and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	TITLE
PRINT NAME	**DATE**

Facility Name Change Application

SECTION D: APPLICATION CONTACT PERSON				
Please provide a contact person for questions from the Board office regarding this license application.				
CONTACT NAME			**POSITION/TITLE**	
CONTACT MAILING ADDRESS	**(STREET)**	**(CITY)**	**(STATE)**	**(ZIP)**
CONTACT TELEPHONE #			**CONTACT FAX #**	
CONTACT E-MAIL ADDRESS				

The State of Missouri is grateful to all service members, Veterans, and their families. Words cannot convey Missouri's appreciation for your dedication and sacrifice. We truly appreciate everything you do for our country and the great state of Missouri.

For your convenience, we have put together a few services and resources available to the military-connected community in Missouri.

Missouri Benefits and Resource Portal

The Missouri Veterans Commission has created a portal to serve as an informational tool and service guide to help service members, Veterans, and their families find benefits and local resources.

www.veteranbenefits.mo.gov
573-522-4061

U.S. Department of Veterans Affairs (VA)

The VA can support you and your loved ones in different ways throughout your life. If eligible, they offer a wide array services like health care, housing, employment, education and more.

www.va.gov
800-698-2411

Veterans Reimbursement for Licensing Exams

Veterans taking professional state licensing or certification examinations required by the Department of Commerce & Insurance (DCI) can be reimbursed for the cost of the exam. Visit the Missouri Department of Elementary and Secondary Education's **Veterans Education website** at https://dese.mo.gov/adult-learning-rehabilitation-services/veterans-education/licensure-certification-test-benefits to learn more about how the GI Bill can pay the cost of a license or certification test.

If you or someone you know is in crisis please call

Veterans Crisis Line
1-800-273-8255 PRESS 1
or text 838255