



# MISSISSIPPI BOARD OF PHARMACY

6360 I55 North, Suite 400  
JACKSON, MS 39211

Office: 601-899-8880  
Fax: 601-899-8851

[www.mbp.ms.gov](http://www.mbp.ms.gov)



## AMENDMENT TO LICENSE OR REGISTRATION

MISSISSIPPI LICENSE /REGISTRATION NUMBER \_\_\_\_\_

NAME AS IT APPEARS ON LICENSE \_\_\_\_\_

Please select type of change to be made:  Address Change  Name Change  Change of Employment

Address Change

Change From:

Address \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Change To:

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name Change (Please provide documentation of legal name change)

Change From: \_\_\_\_\_

Change To: \_\_\_\_\_

Change of Employment (Please include the MS permit number of employer, if applicable)

Change From: \_\_\_\_\_

Change To: \_\_\_\_\_

Permit # \_\_\_\_\_

Permit # \_\_\_\_\_

Type of License:

Pharmacist

Student Intern/Extern

Pharmacy Technician

If you want a new ID card mailed to you, include a \$25.00 (pharmacists) / \$15.00 (technician) Check or Money Order

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

License Number \_\_\_\_\_

File Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Receipt Number \_\_\_\_\_