



MISSISSIPPI

Board of Pharmacy

Mailing Address:
6360 I-55 North
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AMENDMENT TO PERMIT

MISSISSIPPI PERMIT NUMBER: _____

NAME AS IT APPEARS ON PERMIT: _____

Type of Permit (and associated fees):

- Home Health (\$50.00) IEMK (\$100.00-Manual)(\$300.00-Automated) + \$50.00 Controlled Substance
- Medical Equipment (\$150.00) Medical Gas (\$50.00)
- Pharmacy Permit (\$300.00 + \$50.00 Controlled Substance (address or facility name change only)
- Drug Facility Permit (**Fee Details Below**)

DRUG FACILITY PERMIT Check ONLY ONE per application - (USE SEPARATE APPLICATION PER PERMIT TYPE)

Fee for any Drug Facility Permit: \$500.00+ \$50.00 Controlled Substance (address or facility name change only) Fee for DR change \$500 Amendment to Permit Fee + \$40 Background Check Fee (\$500 Amendment to Permit Fee, \$40.00 Background Fee, Drug Facility Background Packet, and Fingerprint card)

- Manufacturer Virtual Re-Packager Wholesaler Drug Distributor (WDD)
- Third Partly Logistics Provider (3PL) Veterinary Reverse Distributors

Please select type of change to be made:

- Physical Address Change Name Change Designated Representative (DR) (**NOT Pharmacist in Charge**)
- Physical Address Change (as it appears on permit)**

Change FROM:

Business Name: _____

Physical Address: _____

City, State Zip: _____

Change TO:

Business Name: _____

Physical Address: _____

City, State Zip: _____

Name Change

Change FROM: _____

Change TO: _____

Responsible party (DR) CHANGE

Change FROM: _____

Change TO: _____

New DR Email Address: _____

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

Permit Number: _____

File Number: _____

Date Issued: _____