



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
BOARD OF PHARMACY**
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER
NASHVILLE, TENNESSEE 37243
TELEPHONE: (615) 741-2718, FAX: (615) 741-2722
www.health.state.tn.us/boards/pharmacy

**PHARMACIST/PHARMACY TECHNICIAN
ADDRESS/NAME CHANGE FORM**

☐ Technician

☐ Pharmacist

PRINT OLD NAME _____

LICENSE/REGISTRATION NUMBER _____

NEW NAME _____

(Please provide a copy of marriage license or copy of court documents.)

NEW PRACTICE SITE

NAME OF NEW EMPLOYER _____

(Please Include License # If Applicable)

STREET, APT # _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____ (____) _____

NEW MAILING ADDRESS

STREET, APT # _____

CITY, STATE _____

NEW PHONE NUMBER _____ (____) _____

MAIL, EMAIL, OR FAX TO:

Tennessee Board of Pharmacy
227 French Landing
Nashville, TN 37243
Fax Number (615)-741-2722

E-mail Pharmacist changes to :

Martha Morrow at Martha.Morrow@tn.gov

E-mail Pharmacist changes to :

Marilyn Walker at Marilyn.G.Walker@tn.gov