



CHANGE OF DESIGNATED QUALIFYING PRACTITIONER FORM

Section 499.01(2)(r), *Florida Statutes* (F.S.), requires the Health Care Clinic Establishment and Qualifying Practitioner to notify the Department of Business and Professional Regulation within **10 days** of any change in the Qualifying Practitioner. A qualifying practitioner means a licensed health care practitioner defined in Section 456.001, F.S. or a veterinarian licensed under Chapter 474, F.S. who is authorized under the appropriate practice act to prescribe and administer a prescription drug. **A Health Care Clinic Establishment IS PROHIBITED from purchasing prescription drugs if it does not have a qualified practitioner on file with the Department.**

This section must be completed by the Incoming Qualifying Practitioner		
Name:		
Street Address:		
City:	State:	Zip:
Telephone Number:	License Number with Prefix:	
Signature:	Date Beginning as Qualifier: ____ / ____ / ____	
This section must be completed by the Outgoing Qualifying Practitioner		
Name:		
Telephone Number:	License Number with Prefix:	
Signature:	Date Ending as Qualifier: ____ / ____ / ____	
This section must be completed by the Health Care Clinic Establishment		
Health Care Clinic Establishment Name:		
Health Care Clinic Establishment Permit Number:		
Print Name:	Title:	
Owner or Officer Signature:	Date:	

Please return the signed form to Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, FL 32399-1047. If you have any question, you may contact our office at (850) 717-1800.