



Pharmacy Quality Assurance Commission
 PO Box 47877
 Olympia, WA 98504-7877
 360-236-4834
 Fax: 360-236-4626

Change of Program Director for Technician Training Programs

[WAC 246-945-215](#)

Please send all changes regarding the designated Program Manager for the Technician Training Program to the Department of Health, Pharmacy Quality Assurance Commission at 360-236-4626 (fax) or hsgafc@doh.wa.gov.

Outgoing Program Director

Pharmacist's Name (Printed):		
Effective Date of Change:	Pharmacist's License Number:	
Pharmacy Name:	Pharmacy License Number:	
Pharmacy Address:		
City:	State:	Zip Code:
Pharmacist's Signature:		
If applicable, please list additional Technician Training Programs. Attach additional pages as needed. Each Technician Training Program may have one Program Director per location.		
Pharmacy Name:	Pharmacy License Number:	
Pharmacy Address:		
City	State:	Zip Code:
Pharmacy Name:	Pharmacy License Number:	
Pharmacy Address:		
City:	State:	Zip Code:

Incoming Program Director

Pharmacist's Name (Printed):		
Effective Date of Change:	Pharmacist's License Number:	
Pharmacy Name:	Pharmacy License Number:	
Pharmacy Address:		
City:	State:	Zip Code:
Pharmacist's Signature:		
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