



## Item #1- Nuclear Prescription Department Manager Designation and Privacy Statement Acknowledgement

<b>File #</b> (if known):	<b>License #</b> (if applicable):

To: Florida Board of Pharmacy, Post Office Box 6320, Tallahassee, FL 32314-6320  
 (850) 245-4474- phone \* (850) 921-5389 – fax \* [MQAPharmPDMAffiliate@flhealth.gov](mailto:MQAPharmPDMAffiliate@flhealth.gov)

### Section A. Nuclear Prescription Department Manager (PDM)

<b>Applicant/Pharmacy Name:</b>		
<b>Applicant/Pharmacy Mailing Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Incoming Nuclear PDM Name:</b>		<b>License#:</b>
		<b>NP</b>
<b>Date Beginning:</b>	<b>Incoming Nuclear Pharmacist Signature</b>	
<b>PDM Transaction Control Number (TCN) – related to Livescan Fingerprints</b> <i>(optional, if known):</i>		
<small>** For more information regarding Livescan Fingerprints go to: <a href="http://flhealthsource.gov/bgs-faqs">http://flhealthsource.gov/bgs-faqs</a></small>		
<b>***Only provide following information if there is an Outgoing PDM at current pharmacy location.***</b>		
<b>Outgoing Nuclear PDM Name:</b>		<b>License#:</b>
		<b>NP</b>
<b>Date Ending as PDM:</b>	<b>Outgoing Nuclear PDM Signature</b> <i>(optional)</i>	

### Section B. Incoming PDM Privacy Statement Acknowledgement

*Note: Acknowledgment should be completed by same person listed in Section A above as Incoming PDM.*

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the “Privacy Statement” document from the Federal Bureau of Investigation.”

<b>Date:</b>	<b>Incoming Nuclear PDM Signature</b>