



Hays County Health Department
101 Thermon Drive, San Marcos, Texas 78666

Pharmacist-in-Charge Interest Form – Class D Clinic Pharmacy
Hays County Local Health Department

Section 1: Applicant Information

Full Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Texas Pharmacist License Number: _____

Expiration Date: _____

Section 2: Professional Background

1. Are you currently licensed and in good standing with the Texas State Board of Pharmacy?

☐ Yes ☐ No

2. Do you have prior experience serving as a Pharmacist-in-Charge or Consultant Pharmacist?

☐ Yes ☐ No

If yes, please describe: _____

3. Experience with Class D Clinic Pharmacies or similar settings (check all that apply):

- ☐ Clinic pharmacy oversight
- ☐ Policy & procedure development
- ☐ Drug formulary management
- ☐ Training of nurses/support staff
- ☐ Quarterly retrospective drug regimen review
- ☐ Supervision of supportive personnel

Section 3: Availability & Commitment

1. Are you able to conduct monthly on-site visits, as required by [Texas Administrative Code §291.93](#)?

☐ Yes ☐ No

2. Are you able to provide annual training for clinic personnel on drug use, contraindications, and adverse effects?

☐ Yes ☐ No



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3. Preferred Employment Type:

☐ Employee (part-time/full-time) ☐ Independent Contractor/Consultant

4. Expected Compensation Range: _____

Section 4: Compliance & Responsibilities

As Pharmacist-in-Charge, you will be responsible for:

- Oversight of procurement, storage, dispensing, and documentation of drugs/devices.
- Supervising supportive personnel and ensuring compliance with Texas Pharmacy Act.
- Maintaining required reference materials and clinic formulary.
- Conducting quarterly drug regimen reviews (if expanded formulary).
- Providing annual training to supportive personnel.

Do you agree to fulfill these statutory and regulatory responsibilities if selected?

☐ Yes ☐ No

Section 5: References

Please provide at least two professional references:

1. Name/Title: _____ **Phone/Email:** _____

2. Name/Title: _____ **Phone/Email:** _____

Section 6: Signature

I certify that the information provided in this form is accurate and complete. I understand that appointment as Pharmacist-in-Charge requires notification to the Texas State Board of Pharmacy and compliance with all applicable laws and rules.

Signature: _____

Date: _____

Please submit this form to Hays County Health Department Director Matthew Gonzales –
Matthew.Gonzales@hayscountytexas.gov