



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-500 ☆ Austin, Texas 78701

512-305-9128 ☆ www.pharmacy.texas.gov

FORM DOCUMENT & CHECKLIST TO CLOSE A PHARMACY

Complete pages 1 and 2 and enclose the current pharmacy license.
(Must be the **original** copy; if the original cannot be located attach a statement to that affect to this form.)

1 PHARMACY INFORMATION

Name of Pharmacy License Number

Address Telephone Number

2 CLOSING INFORMATION

A final inventory must contain all controlled substances.

Closing Date Final Inventory Date

Drug Inventory Transferred to (or Destruction Facility) License Number

Address **Check this box if Prescription Records will transfer to same facility.** Telephone Number

Prescription Drug Orders Location (if different from Drug Inventory Location) License Number

Address Telephone Number

3 ATTEST STATEMENTS

Regarding Application

I hereby attest that the foregoing statements, as well as those on the reverse side of this form or those on any attachment(s) to this form, are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatements(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act.

Signature - PIC, Owner, or Managing Officer of the Closing Pharmacy

Date

Type or Print Name

4 ADDITIONAL INFORMATION

- (a) A letter stating the pharmacy has closed (give the date of closing);
- (b) The most current pharmacy license that was issued to the pharmacy by the Board (if the license cannot be located, then send a statement to that effect.);
- (c) A statement that an inventory of controlled substances on hand on the last day of business was conducted (See Board Rule 291.17 for complete inventory requirements.);
- (d) A statement listing the person(s) to whom the prescription drug inventory was transferred or how the drugs were legally disposed of; and
- (e) The name and address of the pharmacy to which the prescription drug orders were transferred. Mail to:

**Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, Texas 78701-3942**

(2) Send a letter to the appropriate DEA divisional office explaining that the pharmacy has closed. Include the following items with the letter:

- (a) DEA registration certificate;
- (b) All unused DEA Order Forms — write the word “VOID” on the face of each Order Form; and
- (c) Copy 2 (green) of any DEA Order Forms used to transfer C-II drugs from the closed pharmacy.