



TEXAS STATE BOARD OF PHARMACY

1801 Congress Ave, Ste. 13.100 ★ Austin, Texas 78701
512-305-8029 ★ www.pharmacy.texas.gov

Temporary Pharmacy Closing Notification for Fire or Other Disaster

Complete this notification form in full. See Texas Pharmacy Rule §291.3 regarding required notifications, as well as 291.5 for Emergency or temporary closing; a pharmacy may not temporarily close for a period that **exceeds 90 days** for a fire or other disaster. If the pharmacy experiences a fire or other disaster, the pharmacy will need to comply with Texas Pharmacy Rule [§291.3 \(g\)](#) and notify the Board when the pharmacy has re-opened and resumes regular pharmacy business.

Print or Type

Pharmacy Information

Pharmacy Name: _____ Pharmacy License Number: _____
Pharmacy Name (Doing Business As) _____
Date of Temporary Closing: _____

Date of Anticipated Re-Opening: _____

Address: _____
Pharmacy Street Address _____ *Suite/Unit #* _____

City _____ *State* _____ *Zip Code* _____

Designated Person of Contact for Pharmacy

Full Name: _____ Title: _____
Contact Phone #: _____ Contact E-Mail: _____

Emergency or Temporary Closing Reason

Nature of Fire or Other Disaster: _____

Provide a description of how the pharmacy's drugs and records are secured while the pharmacy is temporarily closed: (attach additional page, if necessary.)



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Attestation and Signature

Attest: *I hereby attest that by submitting this form, I the above-mentioned pharmacy will be closed temporarily, and the foregoing statements on this form and those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are given of my free will. I agree that any misstatement(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 and Rules. I agree to comply with the Texas Pharmacy Act and Rules.*

Signature: _____ Date: _____

Name: _____ Title: _____

E-MAIL to: Compliance.General@Pharmacy.Texas.Gov

Or submit completed form by **MAIL** to:

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