



ARIZONA STATE BOARD of PHARMACY

P.O. Box 18520, Phoenix AZ 85005

602-771-2727  <https://pharmacy.az.gov>

NOTIFICATION DOCUMENT TO CLOSE A PHARMACY

(Form to be submitted no later than 14 days prior to closure)

Complete pages 1 and 2 and enclose the current pharmacy permit.

1. PHARMACY INFORMATION

Name of Pharmacy

Permit Number

Address

Telephone Number

DEA Registration Number

2. CLOSING INFORMATION

NOTE: A final inventory must contain all controlled substances (Original Copy goes with Prescription Invoices)

Closing Date

Final Inventory Date

Drug Inventory Transferred to

Permit Number

Address

Phone Number

DEA Registration Number

Drugs for destruction returned to

Permit Number

Address

Phone Number

DEA Registration Number

Prescription files and profiles Records Transferred to (min. of 7 years of records)

Permit Number

Address

Phone Number

DEA Registration Number

Prescription Invoices Transferred to (min. of 3 years of records)

Permit Number

Address

Phone Number

DEA Registration Number

3. ATTESTATION

I hereby attest that the information on this notification document , as well as any attachment(s) to this document, are to the best of my knowledge true and correct. I agree that any misstatements(s) or omission(s) as to material facts constitute unprofessional conduct and subject me to the penalties set forth in the Arizona Statutes and Rules.

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

Date

Type or Print Name

REMEMBER TO:

- (a) Comply with all procedures for Discontinuing a Pharmacy as outlined in R4-23-613.
- (b) Return the most current pharmacy permit that was issued to the pharmacy by the Board (if the permit cannot be located, then send a statement to that effect.);
- (c) The pharmacy permittee shall ensure that all pharmacy signs and symbols are removed from both the inside and outside of the premises.
- (d) A.R.S. 36-2523 (B). A person who holds a permit to operate a pharmacy issued under title 32, chapter 18 shall inventory schedule II, III, IV and V controlled substances as prescribed by federal law. The permit holder shall conduct this inventory on May 1 of each year or as directed by the Arizona state board of pharmacy. The permit holder shall also conduct this inventory if there is a change of ownership or discontinuance of business or within ten days of a change of a pharmacist in charge.
- (e) The name and address of the pharmacy to which the prescription drug orders were transferred.
Mail to:

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
- (f) Send a letter to the appropriate DEA divisional office explaining that the pharmacy has closed. Include the following items with the letter:
 - (i) DEA registration certificate;
 - (ii) All unused DEA Order Forms — write the word “VOID” on the face of each Order Form; and
 - (iii) Copy 2 (green) of any DEA Order Forms used to transfer C-II drugs from the closed pharmacy.
- (g) During the seven-year record retention period specified in subsection (A)(4), the person described in subsection (A)(4) shall provide to the Board upon its request a discontinued pharmacy’s records of prescription files and patient profiles.

NOTE: It is your responsibility to review all sections that pertain to closing a pharmacy and to be compliant with those rules.