



# Arkansas State Board of Pharmacy

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## CLOSING OF PHARMACY FORM

|   |             |
|---|-------------|
| Facility Name:  | AR Lic #:   |
| Physical Location: (street, city, zip code)   |             |
| Telephone Number:(    )   | DEA Number: |
| <input type="checkbox"/> A final inventory of controlled drugs is attached. (Actual count on CII, a close estimate on CIII-CV). <b>(FOR IN-STATE FACILITIES ONLY.)</b>  |             |
| <input type="checkbox"/> DEA has been sent a final controlled substance inventory, the controlled substance registration certificate and voided unused 222 order forms. |             |
| <input type="checkbox"/> All controlled drugs have been transferred to:   |             |
| Facility Name:  | AR Lic #:   |
| Physical Location: (street, city, zip code)   |             |
| Telephone Number:(    )   | DEA Number: |
| <input type="checkbox"/> Patients files have been transferred to:   |             |
| Facility Name:  | AR Lic #:   |
| Physical Location: (street, city, zip code)   |             |
| Telephone Number:(    )   | DEA Number: |
| <input type="checkbox"/> Patients have been notified of location of patient files.<br>By what method?   |             |
| <input type="checkbox"/> Within 30 days, I will remove all pharmacy related exterior signs.   |             |
| <input type="checkbox"/> Arkansas State Board of Pharmacy Permit is attached.   |             |
| The last day of operation for this pharmacy was   |             |

|                     |      |               |      |
|---------------------|------|---------------|------|
| Owner/Rep Signature | Date | PIC Signature | Date |
|---------------------|------|---------------|------|