

## NEBRASKA PHARMACY PERMIT CLOSING FORM

When a pharmacy changes location or owner, the Pharmacist-In-Charge or current owner must notify the Department within 15 days of closing.

Name of Pharmacy Inspector \_\_\_\_\_

Date of Closing \_\_\_\_\_

Pharmacy Permit # \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_

Address of Pharmacy \_\_\_\_\_  
(Street Address) (City, State, Zip)

Name of Pharmacist in Charge: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_  
(Street Address) (City, State, Zip)

Phone Number of Owner \_\_\_\_\_ DEA Registration #: \_\_\_\_\_

Is original Pharmacy Permit enclosed?  Yes  No

Is original Federal Controlled Substances Registration enclosed?  Yes  No

Are all unused DEA Forms 222, 222a, and 222d forms enclosed?  Yes  No

Is this a change in ownership?  Yes  No

If yes, will the new owner be using your DEA Registration until theirs is issued?  Yes  No

New Permit # (if known): \_\_\_\_\_ Name of Pharmacy \_\_\_\_\_

### **Disposition of Stock:**

Legend drugs: \_\_\_\_\_  
(Store Name) (Permit #)

\_\_\_\_\_  
(Street Address) (City, State, Zip)

Controlled Substances: \_\_\_\_\_  
(Store Name) (Permit #)

\_\_\_\_\_  
(Street Address) (City, State, Zip)

Federal Controlled Substances Registration Number of Transferee: \_\_\_\_\_

Location of patient records including prescription files \_\_\_\_\_

\_\_\_\_\_

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How was notice of closing or change of ownership given to patients of the pharmacy?

\_\_\_ Newspaper \_\_\_ Written notice to patient \_\_\_ Other (please specify) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner or Pharmacist in Charge)

\_\_\_\_\_  
(Date Signed)

For Office Use Only:	
Date Pharmacy Permit Made Null and Void: _____ (Date)	_____ (Initials)
Change of Location to Federal DEA Office: _____ (Date)	_____ (Initials)