



CHECKLIST FOR CLOSING A PHARMACY

PHARMACY OWNER
Name, Address, City, Zip

RE: PERMIT # _____
Pharmacy Name, Address, City, Zip

THE FOLLOWING INFORMATION IS REQUIRED WITHIN 10 DAYS OF THE CLOSING OF THE PHARMACY:	Board has received this information	Send this information to the Board
Written notification of closing date.		
Written notification of whereabouts of the remaining drugs		
Written notification of the whereabouts of the files		
Return Alabama Permit & Controlled Substances license for the current year		
Copy of the CS inventory taken at the close of business		
Return DEA controlled substance license to local DEA agency , along with any used DEA 222 forms.		

Mail requested information to:
 Alabama State Board of Pharmacy
 111 Village Street
 Birmingham, AL 35242
 Phone #205-981-2280

Cc: Eddie Braden
 Chief Drug Investigator