



**Arkansas State Board of Pharmacy**  
**322 South Main Street, Suite 600**  
**Little Rock, AR 72201**  
 501-682-0190 ♦ Fax 501-682-0195  
 www.pharmacyboard.arkansas.gov

**CLOSING OF PHARMACY FORM**

NAME OF PHARMACY: \_\_\_\_\_

LICENSE NUMBER: AR/HP/OS \_\_\_\_\_

ADDRESS: (including city, state and zip code) \_\_\_\_\_  
 \_\_\_\_\_

- A final inventory of controlled drugs is attached. (Actual count on CII, a close estimate on CIII-CV). **(FOR IN-STATE FACILITIES ONLY.)**
- D.E.A. has been sent a final controlled substance inventory, the controlled substance registration certificate and voided unused 222 order forms.
- All controlled drugs have been transferred to:

Name of Pharmacy	DEA Number
City	State                      Zip
Phone Number	AR/HP/OS License Number

- Patients files have been transferred to:

Name of Pharmacy	DEA Number
City	State                      Zip
Phone Number	AR/HP/OS License Number

- Patients have been notified of location of patient files.

By what method? \_\_\_\_\_  
 \_\_\_\_\_

- Within 30 days, I will remove all pharmacy related exterior signs.

- Arkansas State Board of Pharmacy Permit is attached.

The last day of operation for this pharmacy was \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 SIGNED BY OWNER or REPRESENTATIVE

\_\_\_\_\_  
 SIGNED BY PHARMACIST IN CHARGE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 DATE