



CHECKLIST FOR CLOSING A PHARMACY

PHARMACY OWNER
Name, Address, City, Zip

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

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

Mail requested information to:
Alabama State Board of Pharmacy
111 Village Street
Hoover, AL 35242
or
P.O. Box 381988
Birmingham, AL 35238-1988
Phone 205-981-2280

cc: Henry Burks
Chief Drug Inspector