

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
 FAX #: (608) 251-3036
 Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
 Madison, WI 53705
 E-Mail: dspd@wisconsin.gov
 Website: <http://dspd.wisconsin.gov>

PHARMACY EXAMINING BOARD PHARMACY CLOSING AFFIDAVIT

PLEASE TYPE OR PRINT IN INK.

Closing Date: / /

Choose Type: Change of Ownership Out of Business Change of Location Remodel

Pharmacy:

Managing Pharmacist:

Address: (street, city, state, zip)

Managing Pharmacist's License #: - 40

Pharmacy License #: - 42

Contact Daytime Telephone Number: - -

ALL NON-CONTROLLED PRESCRIPTION DRUGS REMOVED FROM PREMISES AND RECEIVED BY:	TRANSFERRED PRESCRIPTION FILES TO:
Name: <input type="text"/>	Name: <input type="text"/>
Address: (street, city, state, zip) <input type="text"/>	Address: (street, city, state, zip) <input type="text"/>
License #: <input type="text"/> - 42	License #: <input type="text"/> - 42

ALL CONTROLLED DRUGS SUBJECT TO FEDERAL CONTROLLED SUBSTANCES ACT DISPOSED OF IN ACCORDANCE WITH 21 CFR 1307.21.

TRANSFERRED TO:

Name: <input type="text"/>	FED. CSA REG. #: <input type="text"/>
Address: (street, city, state, zip) <input type="text"/>	DEA Form #222: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Final Inventory: <input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Transfer: <input type="text"/> / <input type="text"/> / <input type="text"/>

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ANSWER THE FOLLOWING QUESTIONS: (attach additional sheet(s) if necessary)

1.	Removed all drug signs and all symbols, insignia, etc., indicating the presence of a pharmacy. <u>For out-of-business pharmacies only, not required for remodel requests.</u> If yes, date: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.	Informed the telephone company in writing to remove all listings from the classified telephone directory. A copy of the letter is attached. <u>For out-of-business pharmacies only, not required for remodel requests.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3.	Discontinued use of checks, stationery, wrapping paper, bags, etc., containing the words drugs, pharmacy, etc., or symbols indicating the operation of a pharmacy or the sale of drugs. <u>For out-of-business pharmacies only, not required for remodel requests.</u> If yes, date: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4.	Current pharmacy renewal license is enclosed. <u>For out-of-business pharmacies only, not required for remodel requests.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5.	Forward a copy of this affidavit, DEA Certificate of Registration, and any unused DEA Form 222 Order Forms to: DEA, Attn: Registration, 4725 West Electric Avenue, West Milwaukee, WI 53219. <u>For out-of-business pharmacies only, not required for remodel requests.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

CERTIFICATION OF MANAGING PHARMACIST:

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

Signature

/ /

Date