

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: License.wi.gov
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD PHARMACY CLOSING AFFIDAVIT

PLEASE TYPE OR PRINT IN INK.	
Closing Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Choose Type: <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Out of Business <input type="checkbox"/> Change of Location <input type="checkbox"/> Remodel	
Pharmacy: <input type="text"/>	Managing Pharmacist: <input type="text"/>
Address: (street, city, state, zip code) <input type="text"/>	Managing Pharmacist's License #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 40
Pharmacy License # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 42	Contact Daytime Telephone Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 code) <input type="text"/>	Address: (street, city, state, zip code) <input type="text"/>
License #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 42	License #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 code) <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"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Date of Transfer: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <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 (If unable to provide a digital signature print and sign form.)

/ /

Date