



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

PHA

FOR DIVISION USE ONLY

Board of Pharmacy

PO Box 110806, Juneau, AK 99811

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Cessation of Operations

A pharmacy or facility ceasing operations in this state must notify the Board of Pharmacy. The designated representative must complete this form and return it to the board within 30 days after the facility's cessation of operations. Once this form is processed, the license will be issued with an Office Closed status with the effective date being the date of closure.

PART I Facility Type

Facility Type:	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Wholesale Distributor	<input type="checkbox"/> Outsourcing Facility
	<input type="checkbox"/> Drug Room	<input type="checkbox"/> Third-Party Logistics Provider	<input type="checkbox"/> Manufacturer

PART II Facility Information

Facility Name:			
License Number:			
Facility Address:	Street	City	State Zip
Phone Number:		Date of Closure:	

PART III Pharmacist-in-Charge (PIC) / Designated Representative Information

PIC or Designated Representative Name:			
Email Address:		Contact Phone:	

PART IV Signature

By providing my signature below, I attest I am the pharmacist-in-charge/designated representative of the above-named facility and operations at this facility are no longer in effect. I further acknowledge any failure to submit this form timely in accordance with 12 AAC 52.610(d) is not the responsibility of the department.

PIC or Designated Representative Signature:		Date Signed:	
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