



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

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Email: BoardOfPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Cessation of Facility Operations

As required by 12 AAC 52.050, (any pharmacy) or 12 AAC 52.610(d)(a) (wholesale drug distributor) ceasing operations in this state must notify the Board of Pharmacy. The facility manager must complete this form and return it to the board within 10 days after the facility's cessation of operations. Once this form is processed, the license will be issued an Office Closed status with the effective date being the date of closure.

PART I		Facility Information	
Facility Name:			
Facility Type:	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Wholesale Distributor	<input type="checkbox"/> Drug Room
License Number:		<input type="checkbox"/> In-State	<input type="checkbox"/> Out-of-State
Facility Address:			
Date of Closure:		Phone Number:	

PART II		Pharmacist-in-Charge(PIC) Information	
Name:			
Manager/PIC Phone:			
Manager/PIC Email:			

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I am the facility manager/pharmacist-in-charge of the above-named pharmacy and that operations at this facility are no longer in effect.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

Signature: _____ Date: _____