

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232
971-673-0001
Pharmacy.Compliance@bop.oregon.gov



PHARMACY CLOSURE NOTIFICATION

Do not complete this form if you are changing ownership or location. An ownership or location change requires the submission of a new application.

Please complete this form and mail to the Oregon Board of Pharmacy at the address above. Include the registration certificate with this form. ALL FIELDS REQUIRED TO BE COMPLETED.

NAME OF FACILITY: _____

REGISTRATION NUMBER: _____

FACILITY ADDRESS: _____

CITY, ST, ZIP: _____

DEA NUMBER* (if applicable): _____

*Contact the DEA directly regarding additional DEA requirements for closure of a pharmacy.

MONTH, DAY, AND YEAR BUSINESS WILL BE CLOSED: _____

REASON FOR CLOSURE: _____

Drug inventory will be transferred to:

NAME OF FACILITY: _____

REGISTRATION NUMBER: _____

FACILITY ADDRESS: _____

CITY, ST, ZIP: _____

DEA NUMBER (if applicable): _____

Pharmacy records - Records of acquisition and disposition of drugs will be maintained at the following secure location:

FACILITY NAME: _____

FACILITY ADDRESS: _____

CITY, ST, ZIP: _____

LOCATION PHONE: _____

DISPOSITION OF DRUGS: _____

HOW / WHEN ARE PATIENTS BEING NOTIFIED? _____

Custodian of Records – This information must be kept current and on file at the Board. Records must be available for Board review, upon request, for 3 years after pharmacy closure.

NAME: _____

PHONE: _____ EMAIL: _____

Submitted by:

PRINTED NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

Requirements for sale, closure or location change of a pharmacy

Sale Requirements:

1. A new registration must be issued before operation of the pharmacy under new ownership. The old registration is NON-TRANSFERRABLE.
2. BOTH parties must take and retain an inventory of all transferred controlled substances
3. Purchaser must record the transfer of all Schedule II drugs on the new owner's DEA 222 forms
4. Seller to receive and complete copies 1 and 2 of these DEA 222 forms
5. New owner to provide Board of Pharmacy with:
 - a. Oregon Board of Pharmacy location change application and applicable fees
 - b. Proof of new ownership
6. Seller to provide the DEA with:
 - a. Second copy of completed DEA 222 forms
 - b. All seller's unused DEA 222 forms
 - c. Seller's DEA Registration

Closure Requirements:

1. Written notification to the Board prior to closure
 - a. Include how and when patients are being notified of the closure.
2. Written notification to the Board: identifying disposition of all drugs and the name and location of the site that will store all records
3. Transfer all Schedule II medications on DEA 222 forms, and Schedule III, IV and V by invoice
4. Provide the Board with:
 - a. Original Oregon Board of Pharmacy state license(s)
 - b. Completed "Pharmacy Closure Notification" form
 - c. Custodian of Records – records must be available to the Board for 3 years after pharmacy closure.
5. Provide the DEA with:
 - a. Second copy of completed DEA 222 forms used for the transfer of the final Schedule II stock
 - b. All unused DEA 222 forms
 - c. Current DEA registration

Once reviewed, you will receive an official acknowledgement of receipt and advised of any additional requirements or requests for information at that time.

Location Change Requirements:

1. Before opening a relocated pharmacy, a new Registration is required from both the Oregon Board of Pharmacy and the DEA
2. Provide the Board with:
 - a. Oregon Board of Pharmacy location change application and applicable fees
3. Provide the DEA with:
 - a. All unused DEA 222 forms with old address
 - b. Old DEA license