

NEBRASKA DISPENSING PRACTITIONER LICENSE CLOSING FORM
FOR CHANGE OF LOCATION ONLY

When the primary holder of the dispensing practitioner license is no longer dispensing at the address listed on the dispensing license, and he/she does intend to dispense at a new location, the dispensing practitioner license must be closed utilizing this form. The dispensing practitioner must notify the Department within 15 days after closing.

Please complete this form with the information for the location from which you moved.

Date of Change of Location _____ Dispensing Practitioner License # _____

Name of Dispensing Practitioner _____

Old Address of Dispensing Practitioner _____
(Street Address) (City, State, Zip)

Phone Number _____ DEA Registration Number _____

Is original Pharmacy Permit enclosed? Yes No Name of Pharmacy Inspector: _____

CHANGE OF LOCATION ONLY—WILL BE USING SAME DEA NUMBER AT NEW LOCATION

DEA Registration Number _____

New Pharmacy Permit #: _____ Name of Dispensing Practitioner _____

New Address of Dispensing Practitioner _____
(Street Address) (City, State, Zip)

(Signature of Dispensing Practitioner)

(Date Signed)

For Office Use Only:	
Date DP License Made Null and Void: _____ (Date)	_____ (Initials)
Change of Location to Federal DEA Office: _____ (Date)	_____ (Initials)