

NEBRASKA DISPENSING PRACTITIONER LICENSE CLOSING FORM

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 not 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.

If the primary holder of the dispensing practitioner license plans to dispense at a new location, the current dispensing practitioner license must be closed utilizing the closing form for change of location only -- this is a separate form available at the Dispensing Practitioner web site.

Name of Pharmacy Inspector _____

Date of Closing _____ Dispensing Practitioner Permit # _____

Name of Dispensing Practitioner _____

Address listed on Dispensing Practitioner License _____
(Street Address) (City, State, Zip)

Phone Number of Dispensing Practitioner _____ DEA Registration #: _____

Is original Dispensing Practitioner License enclosed? Yes No

Is original Federal Controlled Substances Registration enclosed? Yes No

Are all unused DEA Forms 222, 222a, and 222d forms enclosed? Yes No

Explain any NO answers: _____

Disposition of Stock:

Legend drugs: _____
(Pharmacy/Dispensing Practitioner's Name) (Permit #)

(Street Address) (City, State, Zip)

Controlled Substances: _____
(Pharmacy/Dispensing Practitioner's Name) (Permit #)

(Street Address) (City, State, Zip)

Federal Controlled Substances Registration Number of Transferee: _____

Location of patient records including prescription files _____

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How was notice of closing given to patients of the dispensing practitioner?

___ Newspaper ___ Written notice to patient ___ Other (please specify) _____

Comments: _____

(Signature of Dispensing Practitioner)

(Date Signed)

For Office Use Only:	
Date DP Permit Made Null and Void: _____ (Date)	_____ (Initials)
Closing information to Federal DEA Office: _____ (Date)	_____ (Initials)