

Discontinuance Form

Purpose of form: The owner or corporate officer of an Instate or Non-resident Pharmacy or Manufacturer/Repacker/Wholesaler must file a Discontinuance Form to notify the New York State Board of Pharmacy it has closed its doors and is no longer in business.

Instructions: Complete each section by filling in the blanks and/or putting a check mark in the appropriate box. The owner or corporate officer must sign and attach this form to the Registration Certificate and submit it with any other required documentation to the New York State Board of Pharmacy at the address at the end of the form.

New York Registration Number: _____

Registered Name and Address: _____
(as printed on the Registration Certificate)

I hereby notify the New York State Board of Pharmacy that this Pharmacy; **or**
 Manufacturer/Repacker/Wholesaler
located in New York State; **or**
 the state of (specify): _____
with the **New York Registration Number** of _____, was closed by the owner on _____ / _____ / _____
mo. day yr.

Prescription Files: In accordance with Section 6810(5) of the New York State Education Law, prescription files must be maintained for 5 years and must be available for refill or official review if requested.

- Pharmacy patient records and prescription files were transferred to (identify below)
 Drug and device transaction records have been transferred to (identify below)

New York Registration Number: _____

Registered Name and Address: _____
(as printed on the Registration Certificate)

Disposition of Prescription Drugs: Prescription drugs from this establishment were:

- Destroyed (attach a copy of the receipt from the waste management company)
 Sold (identify below and attach a copy of the Bill of Sale)
 Returned to wholesaler (identify below)

New York Registration Number: _____

Registered Name and Address: _____
(as printed on the Registration Certificate)

Signage: All references to the words "drugs," "pharmacy," etc. have been removed from the building.
If not, explain: _____

State & Federal Notification:

- Drug Enforcement has been notified of this closure. If not, explain: _____
 The NYS Department of Health, Bureau of Narcotic Enforcement (BNE) has been notified of this closure **and all outstanding controlled substance data submission errors have been corrected**. If not, contact the BNE at narcotic@health.ny.gov or call (866) 811-7957 for assistance. **NOTE:** Notification to BNE is required **30 days prior** to planned closing date.
If not, explain: _____

Registration Certificate: New York State Registration Certificate for this establishment is attached.
If not, explain: _____

Signature of Owner or Corporate Officer: Print Name: _____
Signature: _____ Date: _____
Telephone: _____ E-mail: _____

Attach this form to the Registration Certificate and submit it along with any other required documentation to the New York State Board of Pharmacy, 89 Washington Avenue, 2nd floor, Albany, NY 12234