

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
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**Pharmacy Closure Notice  
Form BA-60****INSTRUCTIONS**

All forms must be typed, be complete, and include all supporting documentation before they will be processed by the board.  
Per K.A.R. 68-2-10, this information must be submitted to the board within five days of termination of operation. Include any copies of Kansas registrations and renewals.  
**PDMP Data Submitters:** Contact the Appriss Help Desk at 1-855-544-4767 to deactivate the pharmacy's data submission account for Kansas.

**CLOSING FACILITY**

Name		Kansas Registration Number	
Physical Address			Closure Date
City	State	Zip	County
Does this facility also hold a Retail Dealer Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Retail Dealer closing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retail Dealer Registration Number 10-
Person Responsible for Pharmacy Closure		Phone Number	Email Address

**FACILITY RECEIVING PATIENT FILES & RECORDS**

Name		Kansas Registration Number	
Physical Address			
City	State	Zip	County
Phone	Fax		Email

**FACILITY RECEIVING REMAINING STOCKS OF DRUGS**

Name		Kansas Registration Number	
Physical Address			
City	State	Zip	County
Phone	Fax		Email

**OWNER CERTIFICATION**

*I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true, correct, and complete to the best of my knowledge.*

SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

**OFFICE USE ONLY**

Date: \_\_\_\_\_ Sent to Inspector: \_\_\_\_\_ Canceled: \_\_\_\_\_ Canceled Retail Dealer: \_\_\_\_\_  
Removed from K-TRACS: \_\_\_\_\_ Initials: \_\_\_\_\_