

**STATE BOARD OF PHARMACY**

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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. **Attach additional pages as necessary if files & stock are going to multiple locations.**
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: _____