

**STATE BOARD OF PHARMACY**

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**Facility 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, Kansas pharmacies must submit this information to the Board within five days of termination of operation. Other facilities and non-resident pharmacies may use this form to cancel their Kansas registration.

Include any copies of Kansas registrations and renewals. Attach additional pages as necessary if files/stock are going to multiple locations.

PDMP Data Submitters: Notify K-TRACS at pmpadmin@ks.gov to deactivate the pharmacy's data submission account for Kansas.

CLOSING FACILITY

Name		Kansas Registration Number	
Physical Address			Closure/Cancellation 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? Yes No	Retail Dealer Registration Number 10-
Person Responsible for Closure		Phone Number	Email Address

FACILITY RECEIVING PATIENT FILES & RECORDS

Name		Kansas Registration Number	
Physical Address			
City	State	Zip	County

FACILITY RECEIVING REMAINING STOCKS OF DRUGS

Name		Kansas Registration Number	
Physical Address			
City	State	Zip	County

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 _____

OFFICE USE ONLY

Date: _____ Sent to Inspector: _____ Canceled: _____ Canceled Retail Dealer: _____
Sent to K-TRACS: _____ Initials: _____