THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

New York State Board of Pharmacy, 89 Washington Ave., 2nd floor, Albany, NY 12234
Tel. (518) 474-3817ext 130; Fax (518) 473-6995; Web: www.op.nysed.gov; E-mail: pharmbd@nysed.gov

Re: Temporary Closing

With reference to the TEMPORARY CLOSING of the registered establishment listed in item 1, please complete and email the following form within 48 hours of closure to PHARMBD@nysed.gov:

1. Registration number:
   Name of registered establishment:
   Address of registered establishment:

   Exact date of closing: ___/___/___ Expected date of reopening: ___/___/___

2. Name, address, and telephone number of a person to be contacted during closing in event of an emergency:
   Name:
   Telephone number:
   Home Address:

3. Supervisor in charge during temporary closing:
   Name:
   Pharmacist license number:

4. How long will the registered establishment be temporarily closed?

5. Why is this registered establishment being closed temporarily?

6. Will drugs be removed from the establishment? Yes No
   If yes, please explain and give name and address of registered location where they are going to be held for storage:

7. Will the heat/air conditioning be maintained? Yes No

I understand that the Board of Pharmacy must be notified when the registered establishment reopens.

Print Name of Corporate Officer/Owner:
Title:

Required Signature of Corporate Officer or Owner:
Date: