



**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

State of Idaho  
Division Of Occupational and Professional Licenses  
Board of Pharmacy

11341 W Chinden Blvd.  
P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3233 • [dopl.idaho.gov](http://dopl.idaho.gov)

**Idaho State Pharmacy Closure Application Procedures for  
Closing a Resident State Drug Outlet**

The following requirements must be met with submission of the proper forms:

54-1731. DRUG OUTLET AND LICENSEE REPORTING REQUIREMENTS. (1) All drug outlets shall report to the board of pharmacy:

(a) At least ten (10) days prior, the occurrence of a change of location or permanent closing, including notice of the proposed new location of prescription files and the location where the closing inventory record of controlled substances will be retained;

**Step 1 of 2: Notification of Pharmacy Closure to the Board - To be completed Ten (10) days prior to closing:**

- Complete the Notification of Closure form, sign and date, then send to the Board office via email to [hp-licensing@dopl.idaho.gov](mailto:hp-licensing@dopl.idaho.gov)
  - All Pharmacists and Pharmacy Technicians must notify the Board of Pharmacy

**Step 2 of 2: Responsible Pharmacist Attestation - To be completed upon closure of the pharmacy:**

- Complete the Responsible Pharmacist Attestation form, sign and date, then send to the Board office via email to [hp-licensing@dopl.idaho.gov](mailto:hp-licensing@dopl.idaho.gov)
- **Send to Board of Pharmacy:**
  - A copy of the inventory of the controlled substances [must be maintained with the records of each licensee].
  - Copy of transferring invoices for CIII -V's
  - Copy of any DEA 222 forms used to transfer CII drugs from the closed pharmacy
- **Send the following to the DEA:**
  - Copy of the completed Pharmacy Closure Application
  - Copy #2 of any DEA 222 forms used to transfer CII drugs from the closed pharmacy
  - DEA registration certificates and unused 222 forms (mark all forms VOID) must be returned to DEA

Drug Enforcement Administration  
400 Second Ave W  
Seattle WA 98119  
Ph#: 888.219.4261  
Fax#: 206.553.7757



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# State of Idaho

## Division Of Occupational and Professional Licenses

### Board of Pharmacy

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### **Closing information and Required Documentation – Resident Drug Outlets**

1. A copy of the inventory of the controlled substances must be maintained with the records of each licensee.
2. Drugs to be destroyed must be transferred in the same manner as all other drugs.
3. No one except the Responsible Pharmacist shall have access to the prescription drugs until they are transferred to the new owner. Once the pharmacy is closed and the registrations surrendered, the drugs must be removed from the premises.
4. **Drugs shall be transferred in accordance with the following procedures:**
  - a. Return prescription drugs to manufacturer or supplier for credit or disposal.
  - b. Transfer (sell or give) to a person who is entitled to possess drugs, i.e., physician, hospital, or other pharmacy.

NOTE: Controlled substances must be transferred to a person who is in possession of a current DEA registration. Drugs must be inventoried and transferred on an invoice record. In the case of CII controlled substances the only acceptable invoice is the DEA Form 222. The pharmacy that is closing would be the 'supplier'. The pharmacy or person to whom the CII's are transferred to would be the 'purchaser'.

Purchaser must use their DEA 222 forms to 'order' the CII's from the closed pharmacy. Purchaser enters the name and address of the closed pharmacy in the blanks provided at the top of the 222 form for the name and address of the supplier.

The owner or person having the power of attorney for the purchaser signs the form and issues a copy to the pharmacy that is closing. Purchaser retains a copy .

If full bottles of CII drugs are transferred, the purchaser writes the number of bottles in the column marked 'number of packages' and writes the size of the package in the column marked 'size of package'.

If partial bottles of CII drugs are transferred, the purchaser should leave blank the column marked 'number of packages' and complete the column marked 'size of package' with the EXACT number of tablets, capsules, etc., that are transferred. The count of the CII drugs may NOT be estimated.

The authorized agent for the closed pharmacy enters their DEA registration number, the number of packages transferred on the left hand side of the 222 form in the space marked 'to be filled in by supplier'; the NDC (National Drug Code) number of the transferred drug may be omitted.

5. All statistical information pertaining to prescription orders, drug records, and other information pertaining to the pharmacy operation shall be furnished to the Board upon request.



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**Idaho Resident Drug Outlet Closure Application**

**Step 1 of 2: Notification of Closure - No Fee**

**Complete and submit Step 1 at least 10 days prior to the closing of the pharmacy**

Effective Date of Closure: \_\_\_\_\_

Pharmacy License #: \_\_\_\_\_ Pharmacy DEA #: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Responsible Pharmacist: \_\_\_\_\_

Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

Pharmacy acquiring prescription inventory: \_\_\_\_\_

ID License # \_\_\_\_\_ Address \_\_\_\_\_

Contact Person: \_\_\_\_\_

Ph #: \_\_\_\_\_ Email: ☐ ☐

Pharmacy acquiring prescription files & patient profiles: Same as above Different, indicate below:

Name: \_\_\_\_\_

ID License # \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Responsible Pharmacist: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Sent To Inspector: \_\_\_\_\_ Initials: \_\_\_\_\_



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**Idaho Resident Drug Outlet Closure Application Step 2 of 2**

**Responsible Pharmacist Attestation – No Fee**  
**Complete this section once the pharmacy has officially closed**

Effective Date of Closure: \_\_\_\_\_

Pharmacy License #: \_\_\_\_\_ Pharmacy DEA #: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Responsible Pharmacist: \_\_\_\_\_

Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_ attest that the Procedures for Closing a pharmacy indicated on the  
Required Documents page were completed and the above stated pharmacy closed on \_\_\_\_\_.

Signature of Responsible Pharmacist: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Sent To Inspector: \_\_\_\_\_ Initials: \_\_\_\_\_