



TEXAS STATE BOARD OF PHARMACY

1801 Congress Ave, Ste. 13.100 ★ Austin, Texas 78701

512-305-8029 ★ www.pharmacy.texas.gov

Temporary Pharmacy Closing Notification for Other

Complete this notification form in full. See Texas Pharmacy Rule §291.3 regarding required notifications, as well as 291.5 for Emergency or temporary closing and 291.11 Operation of a Pharmacy; a pharmacy may not temporarily close for a period that **exceeds 30 days**. Notify the Board when the pharmacy has re-opened and resumes regular pharmacy business.

Print or Type

Pharmacy Information

Pharmacy Name:	_____	Pharmacy License Number:	_____
	<i>Pharmacy Name (Doing Business As)</i>		
Date of Anticipated Re-Opening:	_____	Date of Temporary Closing:	_____

Address:	_____	_____
	<i>Pharmacy Street Address</i>	<i>Suite/Unit #</i>
	_____	_____
	<i>City</i>	<i>State Zip Code</i>

Designated Person of Contact for Pharmacy

Full Name:	_____	Title:	_____
Contact Phone #:	_____	Contact E-Mail:	_____

Emergency or Temporary Closing Reason

Reason for Temporarily Closing: _____

Provide a description of how the pharmacy's drugs and records are secured while the pharmacy is temporarily closed: (attach additional page, if necessary.)



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Attestation and Signature

Attest: *I hereby attest that by submitting this form, I the above-mentioned pharmacy will be closed temporarily, and the foregoing statements on this form and those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act and Rules. I agree to comply with the Texas Pharmacy Act and Rules.*

Signature: _____ Date: _____

Name: _____ Title: _____

E-MAIL to: Compliance.General@Pharmacy.Texas.Gov

Or submit completed form by **MAIL** to:
Texas State Board of Pharmacy
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Austin, TX 78701