

REVOCATION OF DESIGNEE OF KEY OR CONTROLLED ACCESS

Name of Pharmacy _____

Address of Pharmacy _____

Alabama Permit Number _____

Supervising Pharmacist _____ License # _____

I, _____, the undersigned, who is the owner of the above named pharmacy hereby revoke _____ as the approved designee to have a key or other controlled access device or method for the above referenced pharmacy.

I hereby acknowledge and represent that I have taken appropriate measures to ensure that _____ no longer has access to the pharmacy.

I further understand and agree that I am the only person authorized to have a key or controlled access to the above referenced pharmacy unless and until I submit a form to the Board seeking approval of a new designee.

Signed and dated this _____ day of _____ 20____.

Signature of Owner

Supervising Pharmacist
(if different from owner)

(Must keep on file at least 2 years after revocation)

Received by the Board on _____