

# Closing of DME Permit



North Carolina Board of Pharmacy  
6015 Farrington Road, Suite 201  
Chapel Hill, North Carolina 27517  
phone: (919) 246-1050 / fax: (919) 246-1056  
<http://www.ncbop.org>  
Attention: [Wendy Watson](#)

Permit #  Date Completed:

Business Name:

Business Address:

City:  State:  Zip Code:

Date Closing Effective:

Reason for DME Closing:

Name & Permit number of DME facility that patient files & records transferred to:

Name of Person In Charge:

Signature of Person In Charge:

**Note: Permit Certificates are required to be returned to Board office (See rule below).**

## **21 NCAC 46 .1608 DEVICE AND MEDICAL EQUIPMENT PERMITS**

(c) When a device and medical equipment dispensing facility is to be closed permanently, the person in charge shall inform the Board of the closing and arrange for the proper disposition of devices and medical equipment and return the permit to the Board's offices within 10 days of the closing date. The person in charge, jointly with the owner (if the owner is someone other than the person in charge), shall provide for the orderly transfer of records to another permit holder for maintenance of patient therapy and inform the public of such transfer by posted notice or otherwise.