

#### New Jersey Office of the Attorney General

Division of Consumer Affairs Board of Pharmacy 124 Halsey Street, 6th Floor, P.O. Box 45013 Newark, New Jersey 07101



# Instructions to submit a Notice of Change of Pharmacy Hours

#### Pharmacy Responsibilities -

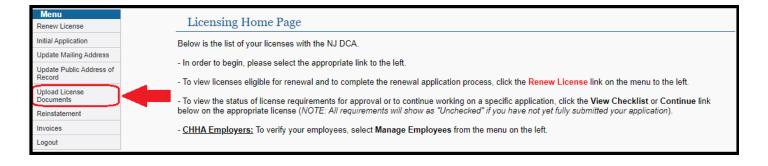
- All pharmacies shall be kept open for the transaction of business at least 40 hours per week and at least five days per week. N.J.A.C. 13:39-4.12(a)
- If any **permanent** changes are made in the opening or closing hours of a pharmacy, the Board office shall be notified in writing of these changes within 30 days. N.J.A.C. 13:39-4.12(b)
- A notice shall be conspicuously displayed on the exterior of any pharmacy indicating any **temporary** changes in the opening or closing hours of the pharmacy, or indicating a temporary closing of the pharmacy whenever such changes occur. N.J.A.C. 13:39-4.12(c)
- Any **temporary** closing of a pharmacy for more than 48 hours shall be reported to and approved by the Board. Notification to the Board shall include contingency plans for accessing patient records. N.J.A.C. 13:39-4.12(d)

#### **Board Notification -**

- Once you have completed the Notice of Change of Pharmacy Hours, please upload it to the pharmacy's (i.e. 28RS01234500) New Jersey MyLicense account to be reviewed. (This is the same account utilized to complete the pharmacy's annual renewals.)
- To log in, please click the following link: MyLicense
- Once logged-in, you will be brought to your *MyLicense* homepage. To submit the Notice of Change of Pharmacy Hours form to be reviewed, click "Upload License Documents" on the left-hand side menu, and follow the instructions to upload the form.

#### **Please Note**

Individual acknowledgement of receipt will not be provided. However, Board staff will contact the pharmacy's indicated representative if further information is required.





## New Jersey Office of the Attorney General Division of Consumer Affairs

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, P.O. Box 45013
Newark, New Jersey 07101



### **Notice of Change of Pharmacy Hours**

Pharmacy name							Permit No			
Address	Street address						City	State ZIP code		
Telephone num	berInclude	e area code		E-m	ail addres		•	State ZIP code		
Effective date o	f change of hours									
This change is (	please select one):		l Per	manent	□ T	empora	ary			
Day	Opening time	AM	PM	Closing	g time	AM	PM	Comments		
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Notes:										
	Date							Signature of Pharmacist-in-Charge or authorized representative		
	Print full name  Telephone number		<del></del>		Title	•		License number (if applicable)  E-mail address		