



Idaho State Board of Pharmacy

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 <http://bop.idaho.gov>
P.O. Box 83720 Boise, Idaho 83720-0067 208.334.2356 208.334.3536 fax

DRUG OUTLET REGISTRATION APPLICATION

Fees are non-refundable

Board Rule 017.02 Incomplete Applications. Information requested on the application or other form must be provided and submitted to the Board office with the applicable fee or the submission will be considered incomplete and will not be processed.

Name of Facility: _____ Phone: _____

Contact Person: _____ Email: _____

Physical Address: _____ Fax: _____

City: _____ ST: _____ Zip: _____

Is the physical address the same as the mailing address: Yes No, *provide mailing*

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Check all that apply:

- Hospital w/o Pharmacy - \$35 annually
- Nursing Home - \$35 annually
- ADS - Automated Dispensing & Storage Systems – *No fee required*
 - *Attach DEA certificate*
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- Laminar flow or other hood, biological safety cabinet or barrier isolator – *No fee required*

54-1726.GROUNDS FOR DISCIPLINE. *The board of pharmacy may refuse to issue or renew, or may suspend, revoke or restrict the licenses of any person, pursuant to the procedures set forth in [chapter 52, title 67, Idaho Code](#), upon one or more of the following grounds:*
(d) Fraud or intentional misrepresentation by a licensee in securing the issuance or renewal of a license.

Signature

Date