



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

Required Documents Wholesaler Registration for Legend Medical Devices and/or OTC Products – Intra Company Sales

The following requirements must be met with submission of the application

1. Registration fee – indicated on the application
2. Copy of the resident state license
3. Copy of the current facility inspection report issued by the resident state.

Exception: If the resident state does not regulate the distribution of legend medical devices, OTC products or Intra Company Sales a letter must be provided from the regulatory agency and/or a copy of the resident state code (laws) indicating there is no oversight of this activity. Provide only the pertinent section of the state code (laws)

4. List of Corporate Officers, partners, etc; include addresses and phone numbers



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Wholesaler Registration Application Legend Medical Devices - OTC Products - Intra Company Sales Application Fee \$100

Type of Application: New Ownership Change Name Change (no fee) Address Change (no fee)

Type of Ownership: Partnership Sole Proprietorship Corporation Limited Liability

Type of Products: OTC Legend medical devices Intra Company Sales

Previous registration #: _____ Previous Name: _____

Name of Business: _____ DBA: _____

Physical Address: _____

City: _____ State: _____ Zip+4: _____ - _____

Phone: _____ Fax: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip+4: _____

Ph#: _____ Fax#: _____

Resident State License #: _____ Expiration Date: _____

Contact Person: _____ Email: _____

Has the applicant, at anytime: (If answer is yes to any of the following attach all related documentation)

1. Been convicted of any criminal offense under any federal, state or local law relating to wholesale or retail prescription drug distribution or distribution of controlled substances or devices? No Yes
2. Been convicted of any felony criminal offense under any federal, state or local law? No Yes
3. Received a suspension or revocation of licensure for the manufacturing or distributing of drugs or devices, including controlled substances, by federal, state, or local laws of any license currently or previously held by applicants? No Yes
4. Had any applications for licensure or registration that have been denied by any federal, state or local agency? No Yes
5. Been subject to discipline by a regulatory agency in any state for violating any federal, state or local law relating to wholesale or retail prescription drug distribution or distribution of controlled substances or devices? No Yes

54-1726.GROUNDS FOR DISCIPLINE. (1) The board of pharmacy may refuse to issue or renew, or may suspend, revoke or restrict the license or registration of any person, pursuant to the procedures set forth in [chapter 52, title 67](#), Idaho Code, upon one (1) or more of the following grounds: (d) Fraud or intentional misrepresentation by a licensee in securing the issuance or renewal of a license.

Signature of Corporate Officer: _____ Date: _____