



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 NON RESIDENT CENTRAL DRUG OUTLET

The following requirements must be met with submission of the application:

1. Application fee – indicated on the application
2. Completed application form – for any fields that do not apply mark with an N/A for not applicable.
3. A copy of the pharmacy resident state license - The name (or names) and address on the state license/registration copies submitted to support an application must match the name (or names) and address listed on the application
4. A copy of the Pharmacist In Charge resident state license
5. A copy of the facility's DEA registration - The name (or names) and address on the federal license/registration copies submitted to support an application must match the name (or names) and address listed on the application
 - If pharmacy does not have DEA registration submit written explanation
6. Executive Summary – specifically regarding Idaho resident customers, to include the description of cognitive and/or central order entry services that will be provided
7. A copy of the most recent facility inspection report issued by the resident state licensing agency or NABP inspection
8. List of companies/pharmacies to which you are contracting business into Idaho
9. A complete list of corporate officers or partners – with addresses & phone numbers for each
10. The Pharmacist in Charge must submit one of the following;
 - Completed Non-Resident Pharmacist Registration Application
 - Pharmacist Reciprocity Application (via NABP)
 - Copy of Idaho pharmacist license for PIC



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Application for Idaho Non-Resident Central Drug Outlet Registration Fee: \$500

Type of Application: New Ownership Change Name Change NO FEE Address Change NO FEE
Type of Pharmacy: Institutional Pharmacy Retail Pharmacy Closed Door Pharmacy Non-Pharmacy
Type of Pharmacy Services: Central Order Entry Cognitive Services
Ownership Type: Partnership Sole Proprietorship Corporation Limited Liability

Previous registration #: _____ Previous Name: _____

Name of Business: _____ DBA: _____

Address: _____ City: _____ State: _____ Zip +4: _____

Pharmacy Web Address: _____

Ph#: _____ Fax#: _____

Pharmacist in Charge: _____ Email: _____

Mailing Address (if different): _____

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

Ph#: _____ Fax#: _____

Resident State: _____ License #: _____ Expiration: _____

1. Does this facility compound sterile prescriptions? No Yes
2. Does this facility compound Non-Sterile Prescriptions? No Yes
3. Does this facility provide compounded prescriptions absent of a Patient Specific prescription? No Yes
4. Does your pharmacy fill prescriptions for Internet sites? No Yes
5. Does your pharmacy have contract physicians? No Yes (attach list)

Has the applicant, at anytime: (If answer is yes to any of the following attach 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 Pharmacist in Charge: _____ Date: _____