



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 OUTSOURCING DRUG OUTLET REGISTRATION

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

1. Application fee – refer to ‘Coincidental Activity’ section regarding fee requirement exceptions;

Coincidental Activity - If the facility is currently licensed with the Idaho State Board of Pharmacy as an Idaho Pharmacy or Mail Service Pharmacy, the registration would be considered a supplemental registration and no additional fee is due.

2. Completed application form – answer all questions and complete all fields, if a question/field does not apply enter ‘N/A’ for not applicable.
3. 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

o Or

Completed ‘Certification of No Dispensing of Controlled Substances’ form (see page 2 of application)

4. Copy of the most recent resident state inspection report, or NABP VPP inspection report, or FDA inspection, indicating compliance with applicable state and federal law.
5. Pharmacist in Charge (PIC) - Completed Non-Resident Pharmacist Registration Application or copy of Idaho pharmacist license
6. A copy of the Pharmacist In Charge (PIC) resident state license

Important Notice: Distribution reports of prescription and controlled substance medications shipped to Idaho practitioners are to be provided per Idaho Board Rules 008.01 & 02, & 615, on a monthly basis, reports can be sent to Ellen.Mitchell@bop.idaho.gov in excel format with the following fields

- o Date of shipment
- o Professional license number
- o Practitioner last name
- o Practitioner first name
- o Ship to address
- o DEA number
- o Drug name
- o Drug strength
- o Drug form
- o Package size
- o Total quantity

REPORTING SAMPLE

Date of Shipment	Professional License Number	Practitioner Last Name	Practitioner First Name	Ship to Address	DEA Number	Drug Name	Strength	Drug Form	Package Size	Total Quantity
MM/DD/YYYY	W#####	John	Doe	1234 Main St	LL#####	M & M	50mg	Tablet	250	3



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Outsourcing Drug Outlet Registration Fee: \$250 Resident (Idaho) - \$500 Non-Resident

Application: New Ownership Change Coincidental **No Fee** Name Change **No Fee** Address Change **No Fee**

Current/Previous Idaho License #: _____ Current/Previous Name: _____

Name of Business: _____

DBA: _____

Facility FEI #: _____

Physical Address: _____

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

Ph#: _____ Fax#: _____

Mailing Address (if different than Physical): _____

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

Ph#: _____ Fax#: _____

Pharmacist in Charge: _____ Email: _____

Resident State: _____ License #: _____ Expiration: _____

Will this facility ship controlled substances to Idaho?
 No (or is an Institutional Provider only)
 Yes - see 'Required Documents' form for reporting code and contact person

Has the applicant, at any time: (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 Pharmacist in Charge: _____ Date: _____



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Prescription Monitoring Program AWA^Rx^E
1199 Shoreline Lane Suite 303/PO Box 83720
Boise, ID 83720-0067
Telephone: (208) 334-2356/Fax: (208) 334-4814

Certification of No Dispensing of Controlled Substances

Please provide the information requested below. (Print or Type) Use full name not initials			
Name of Pharmacy			
Idaho Pharmacy License Number		Pharmacy DEA Number	
Street Address		City	State Zip Code
Email Address		Telephone Number	Fax Number
Pharmacy Manager		License Number of Responsible Manager	
<p>By signing this form I certify that:</p> <ul style="list-style-type: none"> • My pharmacy does not currently deliver any drugs covered by the program (Schedule II, III, IV or V controlled substances) to ultimate users who have an Idaho address. • If our business practice changes regarding dispensing drugs covered by the program to ultimate users with an Idaho address, we will immediately notify the Idaho Board of Pharmacy and begin submitting as required by Idaho Rule 204. • My pharmacy will resubmit this form every year with our pharmacy license renewal in order to recertify that the pharmacy does not deliver any drugs covered by the program to ultimate users who have an Idaho address. 			
Signature:		Date:	
<p>If approved, this form removes the requirement of zero reporting to the Idaho Prescription Monitoring Program until your next licensing renewal date, unless you begin dispensing controlled substances to ultimate users who have an Idaho address.</p>			

For Board of Pharmacy Use Only			
Date Received:	Approved Disapproved	BOP Signature	Date of Action
Notes:			