



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

Instructions and Required Documents Durable Medical Equipment Outlet (For sales to the end consumer only)

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

- We must be given a valid email address for communication.
- Answer all questions and complete all fields; if a question or field does not apply, enter 'N/A' for not applicable
- Include payment of the registration fee – the amount is indicated on the application
- Provide a copy of the current resident state license/registration (if outside of Idaho). The name/s and address on the state license/registration copies submitted to support an application must match the name/s and address listed on the application.*
- Out of state companies must submit either a copy of the current facility inspection report issued by the resident state OR their accreditation certificate from a Medicare approved accrediting organization. No registration will be issued without one or the other.
- Include a list of corporate officers/partners with addresses and phone numbers for each.

*Applications for facilities in Idaho need only submit the list of corporate officers/partners with the application and fee. The Board of Pharmacy provides the inspection and registration.



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

Registration Application for Idaho Durable Medical Equipment Outlet Fee \$50

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

Type of Ownership: Partnership Sole Proprietorship Corporation Limited Liability

Type of Operation: Oxygen Supplier Legend Medical Devices Home Care Supplies Diabetic Supplies

Other: _____

Previous Registration #: _____ Previous Name: _____

Name of Business: _____

DBA: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

On Site Contact: _____ Email: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Contact Name: _____ Email: _____

On the above line, enter the name of the owning corporation or partnership or sole owner

On the above line, enter the name of Medicare Approved Accrediting Organization Expiration Date

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.

Printed Name of Responsible Person: _____

Signature of Responsible Person Date