



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 for Idaho Wholesaler of Prescription & Controlled Substance Drugs

NOTE: Wholesaler Distributors that ship product into Idaho must be licensed. Third Party Logistic companies (3PL) will not be licensed and can only ship for Idaho licensed Wholesaler Distributors.

The following documents are required to be included with the application;

1. Completed application form – for any fields that do not apply mark with an ‘N/A’ for not applicable
2. Application Fee (amount indicted on the application)
3. A copy of the resident state license
4. A copy of the resident state Federal DEA Registration (if distributing controlled substances)
5. List of all of the states the company is licensed, to include the following: license type, license number, issue and expiration date
6. A copy of the most current facility inspection report issued by the resident state agency, FDA Inspection, or copy of VAWD Certification
7. A complete list of owners & corporate officers or partners – to include the following; title, address, phone number and email address
8. Completed Designated Representative’s Personal Information Statement form, completed fingerprints and background check fee. To access the form go to: www.bop.idaho.gov Select Facilities/Manufacturers, Wholesalers & Distributors and then select the Designated Representative Personal Information Statement

Important Notice: Distribution reports of prescription drugs and/or controlled substance drugs shipped to Idaho practitioners are to be provided per IDAPA 27.01.01.615.05 & 008.02, 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 Drug name |
| o Professional license number | o Drug strength |
| o Practitioner last name | o Drug form |
| o Practitioner first name | o Package size |
| o Ship to address | o Total quantity |
| o DEA number | |

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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Application for Idaho License Wholesaler of Prescription & Controlled Substance Drugs

Fee: \$130, if distributing Controlled substances add \$100

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

Drugs Distributed: OTC Prescription Medications Controlled Substance Medications Legend Medical Devices

Type of Ownership: Partnership Sole Proprietorship Corporation Limited Liability

Previous registration #: _____ Previous Name: _____

Name of Business: _____

DBA: _____

Trade Names: _____

Physical Address: _____

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

Ph#: _____ Fax#: _____

Mailing Address (if different): _____

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

Ph#: _____ Fax#: _____

Resident State License #: _____ Expiration Date: _____

Designated Representative: _____ Email: _____

- Will this facility be shipping Prescription drugs and/or Controlled Substance drugs to Idaho Licensed Practitioners?
 No Yes
- If so has the responsible person for this facility reviewed and implemented the applicable reporting requirements per Idaho Law (see 'Required Documents' form for specific code)? No Yes
- Will the product that is to be shipped into Idaho be housed at the 'physical address' indicated above?

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

- 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
- Been convicted of any felony criminal offense under any federal, state or local law? No Yes
- 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
- Had any applications for licensure or registration that have been denied by any federal, state or local agency?
 No Yes
- 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.

I, _____, the undersigned, am the individual with the applicant authorized to sign this application and swear this oath or make this affirmation or declaration on behalf of the applicant, and do hereby swear or affirm that the information contained in this application is true and correct.

Signature and Title of Applicant's Authorized Individual Date

State of _____)

County of _____)

I, _____, a notary public, do hereby certify that on this _____ day of _____, _____, personally appeared before me _____, who, being by me first duly placed under oath, swore or affirmed that (he/she) is the (title) _____ of (company) _____, and that the information contained in said application is true and correct.

Notary Public

S E A L

My commission expires on _____, _____.