



# 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 Idaho State Pharmacy Application & Changes to Idaho Pharmacy Operations

All notifications/applications must be received by the Board a minimum of 30 days prior to construction, or expected change date, except for closures, which must be submitted within 10 days prior to closure.

The following requirements must be met with submission of the proper forms

### For all Pharmacy Applications:

All fields are required. If a field is not applicable enter 'N/A'

Registration Fees indicated below

Attach all required documentation

### New Pharmacy

Fee: \$100

Completed Pharmacy Application Packet (includes PIC – Director of Pharmacy Change Form)

Before & After Floor Plans - 8 x 11 where diagram fills the page

Notification of Differential Hours form (if applicable)

List of Officers, Partners, Owners etc. Include address & phone for each

Copy of Federal DEA Registration application control number (ie W1111111C)

### Ownership Change

Fee: \$100

Completed Pharmacy Application Packet (includes PIC – Director of Pharmacy Change Form)

Floor Plans - 8 x 11 where diagram fills the page (if applicable)

Notification of Differential Hours form (if applicable)

List of Officers, Partners, Owners, etc. Include address & phone for each

Copy of Federal DEA Registration application control number (ie W1111111C)

### Address Change

Fee: \$100

Completed Pharmacy Application Packet (includes PIC – Director of Pharmacy Change Form)

Floor Plans - 8 x 11 where diagram fills the page

Notification of Differential Hours form (if applicable)

Screen print copy of Address Change Request to the DEA

### Remodel

Fee: \$100 (additional fee of \$100 for temporary location)

Completed Pharmacy Application Packet (includes PIC – Director of Pharmacy Change Form)

Original & Remodel Floor Plans - 8 x 11 where diagram fills the page

Temporary location floor plans - require prior approval and inspection.

Copy of Building Permit

Notification of Differential Hours form (if applicable)

180 Day time limit to complete the remodel

### Name change

No fee

Completed Pharmacy Application Packet (includes PIC – Director of Pharmacy Change Form)

Screen print copy of Name Change request to the DEA

### Closure (exception to above timeline must submit 10days prior to closure)

No fee

See Form A - Procedures for Closing a Pharmacy for instructions



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## Idaho In-State Pharmacy Application For Fees -see 'Required Documents' page

Type of Application:  New  Ownership  Address  Remodel  Name Change  Closure

Type of Pharmacy:  Retail  Institutional

Limited Service (Check all that apply:  Sterile Product Preparation  Nuclear Pharmacy  Remote Dispensing)

Endorsements:  ADS/Automated Dispensing & Storage systems  Aseptic Environmental Control Device

Effective Date of Change: \_\_\_\_\_ Current/Previous License #: \_\_\_\_\_

Current/Previous Name: \_\_\_\_\_

Pharmacy DEA # or DEA Control #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Pharmacist in Charge: \_\_\_\_\_ Email: \_\_\_\_\_

1. Does this facility compound sterile prescriptions?  No  Yes
2. Does this facility compound non-sterile prescriptions?  No  Yes
3. Does this facility provide compound prescriptions absent of a patient specific prescription?  No  Yes
4. Does the pharmacy fill prescriptions for internet site(s)?  No  Yes
5. Does the pharmacy have contract physicians? (if so, attach list)  No  Yes

Has the applicant, at any time: (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: \_\_\_\_\_

<b>For Office Use Only:</b>	Initial App Reviewed: _____	Initials: _____
	Reviewed by DED: _____	Initials: _____
	Sent To Inspector: _____	Initials: _____
	Final Review by DED: _____	Initials: _____



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## PIC – Director of Pharmacy Change Form

The Board of Pharmacy holds the director of pharmacy and/or the pharmacist in charge of each pharmacy responsible for all pharmacy related matters. The following is a non-inclusive list of Board Rules that relate to the responsibilities of pharmacists moving into either of these roles. Ensure that your pharmacy has the current edition of the Idaho Pharmacy Laws & Rules prior to reviewing the following.

**206.03. Inventory on PIC Change.** A complete controlled substance inventory must be conducted in the event of a PIC change on or by the first day of employment of the incoming PIC. (3-21-12)

**301. PIC Responsibilities.**

The PIC is responsible for the management, and must maintain full and complete control, of every part of the pharmacy and its regulated operations. (3-21-12)

**600.02. Corresponding and Individual Responsibility.** The pharmacy registrant and the PIC or director each have corresponding and individual responsibility for compliance with the law and these rules in all aspects of the sale and the dispensing of drugs, devices, and other materials at the drug outlet, including the safe, accurate, secure, and confidential handling and storage and the preparation, compounding, distributing, or dispensing of drugs and PHI. (3-21-12)

**622. Institutional Pharmacy Director ...**The director is responsible for ensuring compliance with applicable law and for each activity of the institutional pharmacy...

**Pharmacist Statement:**

Date of Change: \_\_\_\_\_  Director of Pharmacy  Pharmacist in Charge

License #: \_\_\_\_\_ Name: \_\_\_\_\_

**Pharmacy of Employment:**

License #: \_\_\_\_\_ Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

I certify that I have read and understand the above-mentioned Rules related to the role of the Director of Pharmacy and/or PIC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Pharmacist

License #:	Name:	Position: Full Time, Float or Relief

## Pharmacy Technicians/Student Pharmacist

License #:	Name:	Position: Full Time, Float or Relief



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## Form A Procedures for Closing a Pharmacy

1. Ten (10) days prior to closing complete the top half of the 'Pharmacy Application' form through the pharmacist email address, then sign and date. Do not complete the PIC Change form. Send to the Board office and the DEA.
2. Upon closure of the pharmacy;

Send to Board of Pharmacy;

- a. All drug signs and symbols must be removed from both the inside and the outside of the premises.
- b. A copy of the inventory of the controlled substances must be maintained with the records of each licensee.

Send to DEA;

- a. Copy of Pharmacy Application
- b. Copy #2 of any DEA 222 forms used to transfer CII drugs from the closed pharmacy
- c. DEA registration certificates and unused 222 forms (mark all forms VOID) must be returned to DEA

Drug Enforcement Administration  
400 Second Ave W  
Seattle WA 98119  
Ph#: 888.219.4261  
Fax#: 206.553.7757

3. Drugs to be destroyed must be transferred in the same manner as all other drugs. New owner shall contact the Board office requesting an inspection for the purpose of drug destruction.
4. No one except the responsible pharmacist shall have access to the prescription drugs until they are transferred to the new owner. Once the pharmacy is closed and the registrations surrendered, the drugs must be removed from the premises.
5. Drugs shall be transferred in accordance with the following procedures:
  - a. Return prescription drugs to manufacturer or supplier for credit or disposal.
  - b. Transfer (sell or give) to a person who is entitled to possess drugs, i.e., physician, hospital, or other pharmacy.

NOTE: Controlled substances must be transferred to a person who is in possession of a current DEA registration. Drugs must be inventoried and transferred on an invoice record. In the case of CII controlled substances the only acceptable invoice is the DEA Form 222. The pharmacy that is closing would be the 'supplier'. The pharmacy or person to whom the CII's are transferred to would be the 'purchaser'.

Purchaser must use their DEA 222 forms to 'order' the CII's from the closed pharmacy. Purchaser enters the name and address of the closed pharmacy in the blanks provided at the top of the 222 form for the name and address of the supplier.

The owner or person having the power of attorney for the purchaser signs the form and issues copies 1 and 2 to the pharmacy that is closing. Purchaser retains copy 3 of the 222 form.

If full bottles of CII drugs are transferred, the purchaser writes the number of bottles in the column marked 'number of packages' and writes the size of the package in the column marked 'size of package'.

If partial bottles of CII drugs are transferred, the purchaser should leave blank the column marked 'number of packages' and complete the column marked 'size of package' with the EXACT number of tablets, capsules, etc., that are transferred. The count of the CII drugs may NOT be estimated.

The authorized agent for the closed pharmacy enters their DEA registration number, the number of packages transferred on the left hand side of the 222 form in the space marked 'to be filled in by supplier'; the NDC (National Drug Code) number of the transferred drug may be omitted.

6. Within ten (10) days all pharmacists and Pharmacy Technicians must notify the Board of Pharmacy using the Employment Change form about their change of employment.
7. Records: Three (3) years of controlled substance records (prescriptions, invoices and DEA 222 forms) must be transferred to the pharmacy receiving the controlled substances.
8. All statistical information pertaining to prescription orders, drug records, and other information pertaining to the pharmacy operation shall be furnished to the Board upon request.