



Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <http://bop.idaho.gov> | info@bop.idaho.gov

Required Documents Practitioner Idaho Controlled Substance Registration Application

The following requirements must be met with submission of the application

- 1. Complete the attached application** - all fields are required to be completed. Blank fields will delay processing.
- 2. Registration Fee** - amount indicated on the application (If either of the 'Exemptions' below apply – Check the appropriate exemption box on the Idaho Controlled Substance Registration application and do not submit a fee);
 - DEA Exemption - Pursuant to Idaho Administrative Rule IDAPA.27.01.01.20.05 - Fee Exemption for Controlled Substance Registrations - Persons or drug outlets exempt pursuant to federal law from fee requirements applicable to controlled substance registrations issued by the DEA are also exempt from fees applicable to controlled substance registrations issued by the Board.
 - Military Exemption - Pursuant to Idaho Code 67-2602A – Any licensee serving in the armed forces of the United States is exempt from the payment of license fees during any period of military service.
 - If the Military Exemption applies, indicate branch of service and attach proof of military service
- 3. Idaho professional license**
 - Physician Assistants - attach a copy of the prescriptive authority approval letter from the Board of Medicine.
 - Nurse practitioners submit a copy of one of the following;
 - Board of Nursing Website – License verification of permanent license that indicates prescriptive authority. Prescriptive authority is indicated by the letter 'A' at the end of the license number or
 - Nursys Website - QuickConfirm License Verification Report
- 4. As part of the registration process you must have a Federal DEA Registration with an Idaho practice address that matches the practice address on the Idaho Controlled Substance Registration application**

Note: Any new Federal DEA application or practice address change request submitted to the DEA will remain in a pending status until we have received and approved the Idaho Controlled Substance Registration application;

To apply for a new Federal DEA registration;
Complete the online application for a Federal DEA registration @ <http://www.deadiversion.usdoj.gov/drugreg/index.html>

 - Print the confirmation page that shows the DEA control number (i.e. W12011111C), and the Idaho practice address & attach the print out to the Idaho Controlled Substance Registration application.

To change the practice address on a current Federal DEA registration;
Complete DEA change of address at <https://www.deadiversion.usdoj.gov/webforms/jsp/regapps/common/updateLogin.jsp>.

 - Print the 'Registration Update Request Successfully Submitted' page that shows the Idaho practice address & attach a copy of current DEA registration.
- 5. Initiate registration with the Idaho Prescription Monitoring Program AWA Rx E,** <https://idaho.pmpaware.net/login> (this requirement is waived for Veterinary and CET registrants only, all others must register)
 - When prompted to enter your Idaho Controlled Substance Registration and Federal DEA Registration numbers (if not available) enter the word 'Pending' along with your Date of Birth mm/dd/yy'.
- 6. All individual registrants must register to receive the Idaho State Board of Pharmacy Newsletter.** To subscribe to the Idaho State Board of Pharmacy Newsletter Alert e-mail list, send an e-mail to IdahoBOPNewsletter@nabp.net with the word "Subscribe" in the subject heading.



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Practitioner Idaho Controlled Substance Registration Application Fee \$60 (see Fee Exemption boxes below)

DEA Fee Exemption (Per IDAPA.27.01.01.20.05) Military Fee Exemption (Per Idaho Code 67-2602A) Branch _____

Name: _____

Date of Birth: _____ SS#: _____

Home Address: _____

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

Home Ph#: _____ Home Email: _____

Idaho Practice Address: _____

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

Office Ph#: _____ Office Fax#: _____

Work Email (if not indicated, will default to Home Email): _____

Mailing Address (defaults to practice address unless otherwise stated. Mailing address information is public information):

Home or Other:

Other Address: _____

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

Idaho Professional License #: _____ Expiration Date: _____ (attach copy)

Federal DEA Registration or Control Number #: _____ Expiration Date: _____ (attach copy)

I am/or have initiated registration with the Idaho Prescription Monitoring Program AWARxE (Refer to Required Documents page for registration details)

Waived (DVM or CET only)

Have you, at any time; (if answer is yes to any of the following attach all related documentation);

- Had a physical, emotional, mental, alcohol abuse or substance abuse disease or condition that may interfere with your ability to competently and safely perform the essential functions related to the practice of pharmacy. No Yes
- Been the subject of a completed or pending administrative action regarding any of your professional licenses, registrations, or the equivalent in Idaho or in another state. No Yes
- Had a professional license or registration suspended, revoked, surrendered, or otherwise disciplined (including private or non-public stipulation/s). No Yes
- Been found guilty, convicted, or received a withheld judgment or suspended sentence in Idaho or another state, of a felony or of an act involving moral turpitude or gross immorality, or an act which is otherwise related to the qualifications, functions, or duties of a licensee or registrant, or of a violation of pharmacy laws or regulations. 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 Applicant: _____ Date: _____

PMP Waived:

PMP Registration Initiated:

DEA:

Office use: ID License: