



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 Manufacturer Registration Application

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

As a LMD Wholesaler or Device Manufacturer we expect your product(s) to be sold to pharmacies, clinics, or durable medical equipment (DME) retailers for resale to the end consumer. The Idaho Board of Pharmacy does not regulate surgical supplies, equipment or implants.

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

1. Complete the attached application - all fields are required. Blank fields will delay processing
2. Registration Fee (amount indicated on the application)
3. Attach all requested documentation
4. Resident State License - submit a copy

Virtual Manufacturers only - If no resident state license and/or inspection report are obtainable submit a copy of the following;

- o Virtual Manufacturer VAWD Certificate of Accreditation
 - o If VM is not accredited with VAWD, the VM must submit copies of VAWD Certificate(s) of Accreditation for all associated Third Party Logistics (3PL's) that will be shipping product into Idaho for the VM.
5. Facility inspection report issued by the state licensing agency or FDA Inspection – submit a copy
 6. Federal DEA Registration (If distributing controlled substance medications) - submit a copy

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 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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Manufacturer Registration Application

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

Type of Application: New Ownership Change Name Change - No Fee Address Change - No Fee

Type of Ownership: Partnership Sole Proprietorship Corporation Limited Liability

Type of Products: OTC Drugs Prescription Drugs Prescription Devices Controlled Substances Virtual Other

Previous registration #: _____ Previous Name: _____

Name of Business: _____ DBA: _____

Physical Address: _____

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

Phone: _____ Fax: _____

Mailing Address (if different): _____

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

Phone: _____ Fax: _____

Resident State License #: _____ Expiration Date: _____

Email: _____

1. Will this facility be shipping Prescription drugs and/or Controlled Substance drugs to Idaho Licensed Practitioners?
 No Yes
2. 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
3. Will the product that is to be shipped into Idaho be housed at the 'physical address' indicated above? No Yes

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 Corporate Officer: _____ Date: _____