



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 | <https://bop.idaho.gov> | info@bop.idaho.gov

Instructions & Required Documents for Idaho License of 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.

Complete the online application - all fields are required. Blank fields will delay processing
<https://idbop.mylicense.com/eGov/Login.aspx>

The following documents are required to be completed or uploaded with the application;

- A copy of the resident state license
- A copy of the resident state Federal DEA Registration (if distributing controlled substances)
- List of all of the states the company is licensed, to include the following: license type, license number, issue and expiration date
- A copy of the most current facility inspection report issued by the resident state agency, FDA Inspection, or copy of VAWD Certification
- A complete list of owners & corporate officers or partners – to include the following; title, address, phone number and email address
- Shipping Invoice – Submit a copy of the Wholesaler invoice that will be used when shipping product into Idaho. The invoice must contain the name and address as indicated on this application.
- Completed Designated Representative’s Online application- <https://idbop.mylicense.com/eGov/Login.aspx>
Designated Representative must register separately as person.

Important Notice: Distribution reports of prescription drugs and/or controlled substance drugs shipped to Idaho practitioners are to be provided per IDAPA 27.01.06.030.05, 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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Wholesale Application Oath

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 _____, _____.



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Designated Representative Oath

Attach photo
Here
Passport quality, no
scanned/photo copies
will be accepted

Oath

I _____, the undersigned, am the Designated Representative of _____ and swear this oath or make this affirmation or declaration on my own behalf, and do hereby swear or affirm that the information contained in this Personal Information Statement is true and correct

Signature of Designated Representative Date

State of _____)

County of _____)

I _____, a notary public, do hereby certify that on this _____ day of _____, 20____, personally appeared before me (name) _____, who, being by me first duly placed under oath, swore or affirmed that (he/she) is the Designated Representative of (company) _____, that he/she signed the foregoing Designated Representative Personal Information Sheet and that the information contained in said application is true and correct.

Notary Public

My commission expires on _____, 20____.