



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

Resident & Non-Resident Drug Outlet Name Change Form No Fee

Idaho Code/Rules & Board Policy

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.

54-1705. Definitions (10) Drug Outlet means a resident or nonresident pharmacy, business entity or other facility where employees or personnel are engaged in the practice of pharmacy, in the provision of pharmaceutical care, or in the dispensing, distributing, manufacturing of drugs or devices in or into Idaho.

IDAPA 24.36.01.230. 02. Drug Outlet License and Registration - Transferability. Drug outlet licenses and registrations are location and owner specific and are nontransferable as to person or place. If the ownership or location of an outlet changes, any registration or license issued to it by the Board is void. (03-20-20)

IDAPA 24.36.01.501.02 Reporting Requirements - Individual Information Changes. Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board within **ten (10) days** of the change. (03-20-20). Except for closures, which must be submitted within 10 days prior to closure. The Board will accept an email to info@bop.idaho.gov for the ten (10) day notification.

Board Policy - All applications regarding employment or changes to information provided on or with the initial or renewal application must be received by the Board within **30 days** of the change.

Name Change Application Instructions - The following documents must be completed and uploaded to the current license/registration e-Gov Account

1. Save the completed form indicated below '**Resident & Non-Resident Drug Outlet Name Change form**' in a PDF format
2. **Login into the current Drug Outlet license/registration e-Gov account:** <https://idbop.mylicense.com/eGov/Login.aspx>
Select '**License Update**' from the **Menu**, then select the applicable Drug Outlet license/registration, select **Continue** then '**Attach Document**' Upload the PDF Resident & 'Resident & Non-Resident Drug Outlet Name Change Form'
3. **Send an email** to info@bop.idaho.gov. The subject line of the email should include the name and Idaho license/registration number

Important Note: Drug Outlet Name changes that resulted from a **change in ownership** must submit an online application via the e-Gov account for the existing Idaho licensed Drug Outlet. The Name Change form should then be uploaded to the Ownership Change application.

4. **Out of state Idaho licensed Drug Outlets only** – Upload a copy of the following if applicable:
All documents must contain the name & address as indicated on the application.
 - **Resident State License** – post name change
 - **Federal DEA Registration certificate** – post name change
 - **Out of State Mail Service Pharmacy - Prescription label** – post name change
 - Wholesaler of OTC and/or LMD - Shipping Invoice – must have name and address of the applicant indicated as the seller/owner of the product
 - DME - Medicare Accreditation Certificate



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

Resident & Non-Resident Drug Outlet Name Change Form

Effective Date of Change: _____ Current Idaho License #: _____

Previous Name: _____

Facility DEA #: _____ Expiration Date: _____

New Name: _____

DBA: _____

Physical Address: _____

City: _____ Zip: _____ + _____

Ph #: _____ Fax #: _____

In-State Idaho Licensed Drug Outlet

Authorized Person Name: _____

Email Address: _____

Out of State Idaho License Drug Outlet

Non-Resident PIC Registration #PR _____

Or

Designated Representative #DR _____

Or

Contact Person _____

Email Address _____

Printed Name of Authorized Party _____

Signature of Authorized Party _____ Date: _____