



Prescription Drug Monitoring Program AWA_Rx_E
 1199 Shoreline Lane Suite 303/PO Box 83720
 Boise, ID 83720-0067
 Telephone: (208) 334-2356/Fax: (208) 334-4814

Certification of No Dispensing of Controlled Substances

Please provide the information requested below. (Print or Type) Use full name not initials			
Name of Pharmacy			
Idaho Pharmacy License Number		Pharmacy DEA Number	
Street Address		City	State Zip
Email Address		Telephone Number	Fax Number
Pharmacy Manager		License Number of Pharmacy Manager	
<p>By signing this form I certify that:</p> <ul style="list-style-type: none"> • My pharmacy does not currently deliver/dispense any drugs covered by the program (Schedule II, III, IV or V controlled substances) to ultimate users who have an Idaho address. • If our business practice changes regarding dispensing drugs covered by the program to patients with an Idaho address, we will immediately notify the Idaho Board of Pharmacy and begin submitting as required by rule. 			
Signature:		Date:	
If approved, this form removes the requirement of zero reporting to the Idaho Prescription Monitoring Program unless you begin dispensing controlled substances to ultimate users who have an Idaho address.			

For Board of Pharmacy Use Only			
Date Received:	Approved Disapproved	BOP Signature	Date of Action
Notes:			