



State of Idaho
 Division Of Occupational and Professional Licenses
 Board of Pharmacy

BRAD LITTLE
 Governor
RUSSELL BARRON
 Administrator

11341 W Chinden Blvd.
 P.O. Box 83720
 Boise, ID 83720-0063
 (208) 332-3433
 dopl.idaho.gov

Idaho Prescription Drug Monitoring Program AWA^Rx^E
 Certification of No Dispensing of Controlled Substances

Submit the complete form to PDMP@dopl.idaho.gov	
Name of Pharmacy:	
Idaho Pharmacy License Number:	Pharmacy DEA Number:
Street Address (include City, State & Zip):	
Person in Charge Name:	Person in Charge Email Address:
Person in Charge Idaho Registration/License#:	Person In Charge Phone #:
<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:	<input type="radio"/> Approved <input type="radio"/> Disapproved	PDMP Representative Signature:	Date of Action:
Notes:			