



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

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

Submit the complete form to PDMP@dopl.idaho.gov	
Name of Prescriber Drug Outlet:	
Idaho Prescriber Drug Outlet Registration#:	Prescriber DEA Number:
Street Address (include City, State & Zip):	
Prescriber Name:	Prescriber Email Address:
Prescriber Drug Outlet Owner:	Prescriber Registration/License#:
<p>By signing this form, I certify that:</p> <ul style="list-style-type: none"> • My office does not currently dispense any drugs (Schedule II, III, IV or V controlled substances) to patients. • If our business practice changes regarding dispensing controlled substances, we will immediately notify the Idaho Board of Pharmacy and begin submitting as required by rule. 	
Signature:	Date:
<p>If approved, this form removes the requirement of zero reporting to the Idaho Prescription Drug Monitoring Program, unless you begin dispensing controlled substances to ultimate users who have an Idaho address.</p>	

For Board of Pharmacy Use Only			
Date Received:	<input type="radio"/> Approved <input type="radio"/> Disapproved	PDMP Representative Signature	Date of Action
Notes:			