



# Idaho State Board of Pharmacy

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Prescription Monitoring Program AWA<sup>R</sup>x<sup>E</sup>  
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 Code
Email Address		Telephone Number	Fax Number
Pharmacy Manager		License Number of Responsible Manager	
By signing this form I certify that:			
<ul style="list-style-type: none"> <li>• My pharmacy does not currently deliver any drugs covered by the program (Schedule II, III, IV or V controlled substances) to ultimate users who have an Idaho address.</li> <li>• If our business practice changes regarding dispensing drugs covered by the program to ultimate users with an Idaho address, we will immediately notify the Idaho Board of Pharmacy and begin submitting as required by Idaho Rule 501.03.</li> <li>• My pharmacy will resubmit this form every year with our pharmacy license renewal in order to recertify that the pharmacy does not deliver any drugs covered by the program to ultimate users who have an Idaho address.</li> </ul>			
Signature:		Date:	
If approved, this form removes the requirement of zero reporting to the Idaho Prescription Monitoring Program until your next licensing renewal date, 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:			