



# Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536  
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | [info@bop.idaho.gov](mailto:info@bop.idaho.gov)

## Required Documents & Instructions for Out of State Pharmacy & Non-Resident Central Drug Outlet Applications & Changes to Pharmacy Operations

### Idaho Board of Pharmacy e-Gov User Account

**New** - Applicants that **have never applied** with the Idaho State Board of Pharmacy review the following: Login Instructions  
[https://bop.idaho.gov/wp-content/uploads/sites/99/2019/07/2018-07-19\\_BusinessEgovInstructions.pdf](https://bop.idaho.gov/wp-content/uploads/sites/99/2019/07/2018-07-19_BusinessEgovInstructions.pdf)

**Prior** - Applicants that **have applied or been previously registered** with the Board of Pharmacy prior to 07/01/2018, Send an email to [info@bop.idaho.gov](mailto:info@bop.idaho.gov) for further assistance

### Resources – Review sections below

- Online Application Requirements & Documents for Upload
- Reporting Requirements
- Changes to Pharmacy Operations
- Link to Idaho Code & Rules <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

### Online Application Requirements & Documents for Upload

- **Resident State license verification & proof of good standing** – If good standing is not indicated on the license verification, upload proof of good standing from resident state licensing agency
- **Resident State Inspection Report** – Most recent version
- **Federal DEA Registration** – if applicable
- **Non-Resident Pharmacist associated as the Person in Charge** – Must submit an online **Non-Resident PIC Registration application** via e-Gov (unless actively registered) <https://bop.idaho.gov/pharmacists-student-pharmacist/>
- **Non-Resident Pharmacist associated as the Person in Charge Resident state license** – If good standing is not indicated on the license verification, upload proof of good standing from resident state licensing agency
- **Other States Licensed** – Enter this information in the online application
- **Owners & Partners** – Enter this information in the online application to include percentage of ownership for each owner, must total 100%
- **Certification of No Dispensing of Controlled Substance Form**- if applicable, see **Reporting Requirements and form below**

### License Specific - Additional Required Documents for Upload

#### Out of State Mail Service

- **Prescription Label** - the name (or names) and address on the prescription label submitted must match the name (or names) and address listed on the application
- **List of Contract Physicians** – if applicable

#### Non-Resident Central Drug Outlet

- **Contracting companies/pharmacy list** – Upload a copy



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## Reporting Requirements: IDAPA 24.36.01.600. Controlled Substances- PDMP

Specified data on controlled substances must be reported by the end of the next business day by all drug outlets that dispense controlled substances in or into Idaho and prescribers that dispense controlled substances. Data on controlled substances to humans. (3-20-20)

**Contact Person for reporting:** Teresa Anderson email: [Teresa.Anderson@bop.idaho.gov](mailto:Teresa.Anderson@bop.idaho.gov) or call 208.334.2356

## Changes to Drug Outlet/Pharmacy Operations

**IDAPA.24.36.01.501.02 Reporting Requirements - Individual and Outlet 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 date of change.**

- The Board will accept an email to [info@bop.idaho.gov](mailto: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.**

## **Ownership and/or Address Change**

**IDAPA 24.36.01.230.04 – Change of Ownership or Location**

**IDAPA 24.36.01.230.02 – License & Registration Transferability**

- Sign into the e-Gov User account for the current license/registration & select initial application
- Meet all requirements as indicated under the 'Online Application Requirements' section above

## **Name Change**

- Use this link; [Facilities - Idaho State Board of Pharmacy](#) refer to the Out of State Pharmacy Forms section

## **Closure**

**IDAPA 24.36.01.230.05**

- Written notice on company letterhead and including the name, Idaho license number and date of closure, must be submitted to [info@bop.idaho.gov](mailto:info@bop.idaho.gov) **10 days prior to closure**



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**Prescription Monitoring Program AWAxE**  
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:				