



# 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)

## Instructions & Required Documents for Outsourcing Drug Outlet Registration

The following requirements must be met with submission of the application:

1. Complete the on line application - all fields are required. Blank fields will delay processing
2. **Fee Exception: Coincidental Activity** - If the facility is currently licensed with the Idaho State Board of Pharmacy as an Idaho Pharmacy or Mail Service Pharmacy, the registration would be considered a supplemental registration and no additional fee is due. Please choose Coincidental activity as Obtained by for on line applications
3. **Federal DEA Registration** – Upload a copy. The name & address on the federal registration must match the name & address listed upload on the application  
Or;  
Completed ‘Certification of No Dispensing of Controlled Substances’ form (see page 2 of application) for upload.
4. **FDA Registration** - Upload copy
5. **Resident State license**- if out of state upload copy of resident state license
6. **[If out of state ]Facility Inspection Report** – Upload copy of the most recent version, of one of the following;
  - Resident State Inspection Report
  - NABP VPP inspection report
  - FDA inspection
7. **A copy of the Pharmacist In Charge (PIC)** resident state license
8. **Pharmacist in Charge (PIC)** - Must upload one of the following,;
  - Cover letter with a copy of Idaho Pharmacist license of the new PIC
  - Application for new PIC in the form of one of the following;
    - Idaho licensure via NABP Reciprocity/License Transfer.
    - Non-Resident Pharmacist Registration application.

**Important Notice:** Distribution reports of prescription and controlled substance medications shipped to Idaho practitioners are to be provided per Idaho Board Rules IDAPA 27.01.01.501.03, on a monthly basis, reports can be sent to [Ellen.Mitchell@bop.idaho.gov](mailto:Ellen.Mitchell@bop.idaho.gov) in excel format with the following fields

- Date of shipment
- Professional license number
- Practitioner last name
- Practitioner first name
- Ship to address
- DEA number
- Drug name
- Drug strength
- Drug form
- Package size
- Total quantity

### REPORTING SAMPLE

Date of Shipment	Professional License #	Practitioner Last Name	Practitioner First Name	Ship to Address	DEA Number	Drug Name	Strength	Drug Form	Package Size	Total Quantity
MM/DD/YYYY	W#####	John	Doe	1234 Main St	LL#####	M & M	50mg	Tablet	250	3



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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 uploading as required by Idaho Rule 501.03</li> <li>• My pharmacy will reupload 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:			



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