



# 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 | <http://bop.idaho.gov> | [info@bop.idaho.gov](mailto:info@bop.idaho.gov)

## Instructions & Required Documents for Durable Medical Equipment (DME) Outlet Registration (For sales to end consumer only)

**Before beginning the online application review the following;**

- **e-Gov Registrations Instructions form** [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). If the facility had a prior license with the Idaho BOP, contact us for registration information.
- **Requirement documents as indicated below. Upload the most recent version of each document**
- **Applicable Idaho Code & Rules** <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

**The following requirements must be met with the submission of the on-line application;**

### New

**Complete on-line application & pay applicable fees** - all fields are required. Blank fields will delay processing

**Resident State License** - Upload a copy

- DME Resident State License
  - Not applicable if the DME is in Idaho

**Facility Inspection Report** – Upload a copy

- Resident State Inspection Report
  - Not applicable if the DME is in Idaho

**Medicare Accreditation Organization Certificate (MAO)**

- If the facility is accredited this must be submitted
  - If the DME is located in a state other than Idaho and the resident state does not regulate

**All of the states the company is licensed** – Information **must be entered** into the online application. Do not skip this step.

**Owners & Partners** - Include address, phone and percentage of ownership for each owner

### Changes to Drug Outlet Operations

**Per IDAPA 27.01.01.501.02 Reporting Requirements** - Individual 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 change. (7-1-18). The Board will accept an email to [info@bop.idaho.gov](mailto:info@bop.idaho.gov) for the ten (10) day notification.

**Per 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.



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

- **Sign into the e-Gov registration with the current User ID & Password, select & complete the applicable on-line application & pay fees - all fields are required. Blank fields will delay processing**
- **Meet all requirements as indicated under the 'New' application section above**

## **Name Change**

See Form – Drug Outlet Name Change Application – [Facilities - Idaho State Board of Pharmacy](#)

## **Closure**

Submit written notice on company letter head to include the name, Idaho license number, and date of closure. Notice can be emailed to [info@bop.idaho.gov](mailto:info@bop.idaho.gov) **See Idaho Code above (IDAPA 27.01.01.230.06 Reporting Requirements)**