



Idaho State Board of Pharmacy

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 <http://bop.idaho.gov>
P.O. Box 83720 Boise, Idaho 83720-0067 208.334.2356 208.334.3536 fax

Resident & Non-Resident Drug Outlet Name Change Form No Fee

Note: Name changes that resulted from a change in ownership must apply for a new facility registration.

Idaho Code/Rules & Board Policy

54-1726.GROUNDS FOR DISCIPLINE. (1) The board of pharmacy may refuse to issue or renew, or may suspend, revoke or restrict the license or registration of any person, pursuant to the procedures set forth in chapter 52, title 67, Idaho Code, upon one (1) or more of the following grounds: (d) Fraud or intentional misrepresentation by a licensee in securing the issuance or renewal of a license.

IDAPA 27.01.01.230. 02. License and Registration Transferability. Drug outlet licenses and registrations are location and owner specific and are nontransferable as to person or place. If the ownership or location of an outlet changes, any registration or license issued to it by the Board is void. (7-1-18)

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), except for closures, which must be submitted within 10 days prior to closure. The Board will accept an email to 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.

The following requirements must be met with online submission and the upload of all required documents;

1. **Complete the fields in the document** indicated below named '**Resident & Non-Resident Drug Outlet Name Change form**'- If there are any incomplete fields in that section, the request will not be processed.
2. **Save the form in a PDF format** in a place where it can easily be retrieved to attach to an email
3. **Login into the Drug Outlet license e-Gov account:** <https://idbop.mylicense.com/eGov/Login.aspx>
Select '**License Update**' from the menu on the left.
Find the applicable Drug Outlet license/registration & click on **Continue**
Select '**Attach Document**'
Upload the PDF Resident & 'Resident & Non-Resident Drug Outlet Name Change Form'

Out of state pharmacy licensed facilities only - Upload a copy of the following.

All documents must contain the name & address as indicated on this application;

- Resident State License (if applicable)
 - Federal DEA Registration certificate – post name change (if applicable)
 - Prescription label – post name change (Out Of State Mail Service Pharmacy)
 - Shipping Invoice (Manufacturers, Wholesalers, OTC/LMD)
 - Medicare Accreditation Certificate (DME)
4. **Send an email to** info@bop.idaho.gov
Subject line of the email should include the following;
Resident & Non-Resident Drug Outlet Name Change Form
Name of the Idaho Drug Outlet
Idaho License/Registration Number of the Drug Outlet



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Resident & Non-Resident Drug Outlet Name Change Form

Effective Date of Change: _____ Current Idaho License #: _____

Previous Name: _____

Facility DEA #: _____ Expiration Date: _____

New Name: _____

DBA: _____

Physical Address: _____

City: _____ Zip: _____ + _____

Ph #: _____ Fax #: _____

Idaho State Licensed In State Pharmacy

Authorized Person Name: _____

Email Address: _____

Idaho Licensed Out of State Pharmacy

Non-Resident PIC Registration #:PR _____

Email Address: _____

Printed Name of Authorized Party: _____

Signature of Authorized Party: _____ Date: _____