



# Idaho State Board of Pharmacy

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Prescription Drug Monitoring Program AWA<sub>R</sub>x<sub>E</sub>  
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 Prescriber Drug Outlets

<b>Please provide the information requested below. (Print or Type) Use full name, no initials</b>			
Name of Prescriber Drug Outlet			
Idaho Prescriber Drug Outlet License Number		Prescriber DEA Number	
Street Address		City	State Zip
Email Address		Telephone Number	Fax Number
Prescriber Drug Outlet Owner		License Number of Owner	
<p><b>By signing this form I certify that:</b></p> <ul style="list-style-type: none"> <li>• My office does not currently dispense any drugs (Schedule II, III, IV or V controlled substances) to patients.</li> <li>• If our business practice changes regarding dispensing controlled substances, we will immediately notify the Idaho Board of Pharmacy and begin submitting as required by rule.</li> </ul>			
Signature:		Date:	
<p><b>If approved, this form removes the requirement of zero reporting to the Idaho Prescription Drug Monitoring Program, unless you begin dispensing controlled substances to ultimate users who have an Idaho address.</b></p>			

For Board of Pharmacy Use Only			
Date Received:	Approved	Disapproved	BOP Signature
			Date of Action
Notes:			