



# Idaho State Board of Pharmacy

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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 Prescriber Drug Outlets

<b>Please provide the information requested below. (Print or Type) Use full name not 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	
<b>By signing this form I certify that:</b>			
<ul style="list-style-type: none"> <li>• My office does not currently deliver any drugs covered by the program (Schedule II, III, IV or V controlled substances) to patients.</li> <li>• If our business practice changes regarding dispensing drugs covered by the program to patients, we will immediately notify the Idaho Board of Pharmacy and begin submitting as required by Idaho Rule 204.</li> <li>• My office will resubmit this form every year with our prescriber drug outlet license renewal in order to recertify that the office does not deliver any drugs covered by the program to patients.</li> </ul>			
Signature:		Date:	
<b>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.</b>			

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