



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

Instructions & Required Documents for Idaho Prescriber Drug Outlet Registration

Idaho Board of Pharmacy Online Application Requirements & Document for Upload

The following documents **must be uploaded to the Idaho online application**

- **Prescribing physicians** – List of all prescribers to include their Idaho Controlled Substance Registration number (if applicable)
- **Prescription Medication Suppliers**
 - Supplier full name, address & Idaho license number
or
 - Copy of each suppliers' invoice
- **Owners & Partners** – Enter information in the online application Ownership should total 100%

Reporting Requirements & Certification of No Dispensing of Controlled Substances Prescriber Drug Outlets form

- If the Drug Outlet **will be** dispensing controlled substances – Review the above Idaho Code and for questions, contact Teresa Anderson at Teresa.Anderson@bop.idaho.gov or call 208-334-2356
- If the Drug Outlet **will not be** dispensing controlled substances – complete the attached **Certification of No Dispensing of Controlled Substances Prescriber Drug Outlets form**



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Prescription Monitoring Program AWA^Rx^E
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

Please provide the information requested below. (Print or Type) Use full name not initials			
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>By signing this form I certify that:</p> <ul style="list-style-type: none"> • My office does not currently dispense any drugs (Schedule II, III, IV or V controlled substances) to patients. • 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. 			
Signature:		Date:	
<p>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.</p>			

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