



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

| <https://bop.idaho.gov>

| info@bop.idaho.gov

Instructions & Required Documents for Idaho License of Wholesaler of Prescription & Controlled Substance Drugs & Changes to Wholesale Operations

Note: Wholesaler Distributors that ship product into Idaho must be licensed. Third Party Logistic companies (3PL) will not be licensed and can only ship for Idaho licensed Wholesaler Distributors.

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. IF the facility had a prior license with the Idaho BOP, contact us for registration information.
- **Requirements 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

- Wholesaler Resident State License

Facility Inspection Report – Upload a copy

- Resident State Inspection Report
- VAWD Accreditation Certificate

Federal DEA Registration - (If distributing controlled substance medications) - Upload a copy

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

Shipping Invoice – Upload a copy of the Wholesale Distributor invoice that will be used to ship product into Idaho. **The invoice must contain the name and address as indicated on this application**

Completed Designated Representative's Online application- <https://idbop.mylicense.com/eGov/Login.aspx>
Designated Representative must register in e-Gov separately as person.



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Important Reporting Notice: Distribution reports of prescription drugs and/or controlled substance drugs shipped to Idaho practitioners are to be provided, on a monthly basis, reports can be sent to Ellen.Mitchell@bop.idaho.gov in excel format with the following fields

- o Date of shipment
- o Professional license number
- o Practitioner last name
- o Practitioner first name
- o Ship to address
- o DEA number
- o Drug name
- o Drug strength
- o Drug form
- o Package size
- o Total quantity

Reporting Sample

Date of Shipment	Professional License Number	Practitioner Last Name	Practitioner First Name	Ship to Address	DEA Number	Drug Name	Strength	Drug Form	Package Size	Total Quantity
MM/DD/YYYY	W#####	John	Doe	1234 Main St	LL#####	M & M	50mg	Tablet	250	3

Changes to Wholesale Distributor Operations

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 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.**

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 See above **Reporting Requirements**



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Wholesale Application Oath

I, _____, the undersigned, am the individual with the applicant authorized to sign this application and swear this oath or make this affirmation or declaration on behalf of the applicant, and do hereby swear or affirm that the information contained in this application is true and correct.

Signature and Title of Applicant's Authorized Individual Date

State of _____)
County of _____)

I, _____, a notary public, do hereby certify that on this _____ day of _____, _____, personally appeared before me _____, who, being by me first duly placed under oath, swore or affirmed that (he/she) is the (title) _____ of (company) _____, and that the information contained in said application is true and correct.

Notary Public

S E A L

My commission expires on _____, _____.



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Designated Representative Oath

Attach photo
Here
Passport quality, no
scanned/photo copies
will be accepted

Oath

I _____, the undersigned, am the Designated Representative of _____ and swear this oath or make this affirmation or declaration on my own behalf, and do hereby swear or affirm that the information contained in this Personal Information Statement is true and correct

Signature of Designated Representative

Date

State of _____)

County of _____)

I _____, a notary public, do hereby certify that on this _____ day of _____, 20____, personally appeared before me (name) _____, who, being by me first duly placed under oath, swore or affirmed that (he/she) is the Designated Representative of (company) _____, that he/she signed the foregoing Designated Representative Personal Information Sheet and that the information contained in said application is true and correct.

Notary Public

My commission expires on _____, 20____.