



Idaho State Board of Pharmacy

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www.idaho.gov/bop

PHARMACIST CONTROLLED SUBSTANCE REGISTRATION APPLICATION - FEE \$60.00 *Fee is non-refundable*

NAME _____

DATE OF BIRTH _____ SS# _____

HOME ADDRESS _____
NUMBER STREET

CITY, STATE & ZIP _____

PHONE () _____ - _____ EMAIL _____

IDAHO PRACTICE FACILITY _____
NAME STREET

CITY _____, IDAHO Zip Code _____ + _____

PHONE () _____ - _____ OFFICE FAX () _____ - _____

IDAHO PHARMACIST LICENSE _____ EXPIRATION _____

If you prefer correspondence to be mailed to an address other than your home address, enter that mailing address here.

PERSONAL DATA

- I have been diagnosed or treated for a mental illness, alcohol or substance abuse, or for a physical condition which would impair my ability to perform any of the essential functions of my profession. No Yes
- I have been the subject of a pending or completed administrative action regarding a professional license, registration, or the equivalent, in Idaho or in another state. No Yes
- I have been found guilty, convicted, or received a withheld judgment or suspended sentence in Idaho or another state of a felony, or of an act involving moral turpitude or gross immorality, or of an act which is otherwise related to the qualifications, functions or duties of a licensee or registrant, or of a violation of a pharmacy law or regulation. No Yes

If you checked 'yes' to the above, you must provide all related documentation

SIGNATURE _____ DATE _____

I certify the information contained in this application is true and correct to the best of my knowledge. IC 37-2734(a) It is unlawful for any person knowingly or intentionally:(4)to furnish false or fraudulent material information from, any application, report, or other document required to be kept or filed under this act, or any record required to be kept by this act.

Prints approved

Prints to ISP