



Idaho State Board of Pharmacy

3380 Americana Terrace #320 PO Box 83720 Boise, ID 83720-0067
208/ 334-2356 Phone 208/ 334-3536 Fax

CHANGES IN OPERATION REQUIRE A \$100 FEE *per license*
(Except name change or pharmacy closure)

This is in addition to any applicable fees required by DEA

Type of Change	Fee Due	Requirement
Ownership	\$100/registration	New DEA # New registration from BOP
Location	\$100/registration	Notification of address change to DEA Approval of floor plans, final inspection, and registration change to new location
Remodel	\$100	Approval of floor plans and final inspection <i>Temporary location floor plans require prior approval and inspection (\$100 fee); completed remodel requires inspection (\$100 fee). If you will be in a temporary location submit \$200 fee</i>
Name change	No fee	Notification to the Board
Closure	No fee	Notification to the Board and surrender of all registrations



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PROPOSED CHANGE IN OPERATION

Complete and return form to Board 30 days prior to proposed change

Date: _____ Effective Date: _____

Type of Change: Ownership Location Closure Remodel Name Change

CURRENT INFORMATION

Pharmacy DEA #: _____ Pharmacy registration #: _____

Pharmacy Name: _____

Current Owner: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Pharmacy Manager: _____ Phone: _____

NEW INFORMATION

New Name: _____

New Owner: _____ Phone: _____

Pharmacy Manager: _____ Phone: _____

New Address: _____ City: _____ Zip: _____

Differential Hours? _____ Yes _____ No (If yes, attach Notification of Differential Hours)

Construction Changes: *(Attach plans)* _____

Disposition of controlled substances: _____

Other Stock: _____

Prescription records: _____

Signature of Pharmacy Manager: _____ Date: _____

Inspector Comments: _____

Inspector: _____ Date: _____



Update Request for Registrations Under Controlled Substance Act of 1970

DEA Registration/Application Update Request Login:

DEA Number (Required for registrants - Not Case Sensitive)

Tracking Number -or- Control Number (Required for NEW applicants - Not Case Sensitive)

Last Name or Business Name (Required - Not Case Sensitive)

As it appears on your registration. Example:

If "Smith, John Q MD" is on your registration, then enter: **Smith**

If "Smith's, Pharmacy" is on your registration, then enter: **Smith's**

If "Smith's Pharmacy" (no comma) is on your registration,
then enter: **Smith's Pharmacy**

SSN (Required if given on application)

Tax ID (Required if given on application)

Current Expiration Date (Required for registrants. Listed on registration certificate.)

Month Day of Month Year

State (from registered address) (Required).

State:

Zip (Required).

Zip

[DEA Privacy Policy](#)