



Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

Fax 208/334-3536

Required Documents – Durable Medical Equipment Outlet

Photocopies of the following documents are required* for Durable Medical Equipment Outlet registration applicants and must be submitted with the application form and fee:

- ◆ A copy of the current resident state license (if outside of Idaho)
- ◆ A copy of the current facility inspection report issued by the resident state. (If outside of Idaho)
- ◆ Complete list of products carried
- ◆ A list of corporate officers/partners

*Applications for facilities in Idaho need only submit the list of corporate officers/partners with the application and fee

Note: The name (or names) and address on the state license/registration copies submitted to support an application must match the name (or names) and address listed on the application. Applications submitted without matching name/address documents will be returned unprocessed.

292.09. Durable Medical Equipment (DME) Outlet. (7-1-98)

a. All entities holding for sale legend or non-legend devices to be sold at retail or wholesale must be registered with the Board. Said legend devices may only be sold or delivered at retail upon the lawful order of a practitioner. DME outlets may hold non-legend drugs for sale. (7-1-98)

b. Registered DME outlets may hold for sale at retail only upon the order of a practitioner, the following legend drugs: (7-1-98) i. Pure Oxygen for human application. (7-1-98) ii. Nitrous Oxide. (7-1-98) iii. Sterile Sodium Chloride. (7-1-98) iv. Sterile water for injection. (7-1-98)

292.10. Registration Issued at Specific Location. A registration will be issued to an applicant at a specific location, and is not transferable as to person or place. (7-1-93)



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Application for Idaho Registration Durable Medical Equipment Outlet

INCOMPLETE FORMS WILL NOT BE PROCESSED

Annual Fee: \$50

Type of Application : New Ownership Change Name Change *(No fee)* Address Change *(No fee)*

Previous Idaho Registration #: _____ Name: _____

Name of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person/Owner: _____ Phone: _____

Resident State: _____ License #: _____ Expiration: _____

License Type: _____ Issuing Agency: _____

Type of Ownership: *(Attach listing of officers, partners, etc., with addresses and phone for each)*

Partnership Sole Proprietorship Corporation Limited Liability

Agency Performing Inspections: _____

Type of Operation: *(Mark all that apply)*

Oxygen Supplier Legend Medical Devices Home Care Supplies

Other: *(Explain):* _____

****ATTACH PRODUCT LIST****

Have any of the applicants had: *(If answer is yes to any of the following attach documentation)*

Felony convictions under federal, state or local laws? No Yes

Suspensions or revocation of licensure for the manufacturing or distributing of drugs, including controlled substances, by federal, state or local laws of any license currently or previously held by applicants?

No Yes

Have any application for licensure been denied by any federal, state or local agency? No Yes

Signature of Corporate Officer

Date