



Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

Fax 208/334-3536

APPLICATION FOR INSTITUTIONAL DRUG OUTLET REGISTRATION

Annual Fee \$35

Incomplete applications will be returned.

Name of Facility: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Administrator: _____ Phone: _____

Owner: _____

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

Partnership

Sole Proprietorship

Corporation

Limited Liability

Pharmacy Provider: _____

Consulting Pharmacist: _____ Phone: _____

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

Have any applications for licensure (current or previous) been denied, suspended or revoked by any federal, state or local agency?

_____ No _____ Yes

Previous registration with the Board of Pharmacy? _____

List previous name & ownership _____

Signature of Administrator: _____ Date: _____