



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: _____