



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

MAIL SERVICE PHARMACY REGISTRATION RENEWAL 2010 Renewal Fee: \$250- Postmarked after 6/30/2010- \$300

License Number _____

Name of Business _____

Physical Address _____

City _____ State _____ Zip+4 _____ + _____

Phone _____ Fax _____

Mailing Address (if different) _____

City _____ State _____ Zip+4 _____ + _____

Phone _____ Fax _____

Complete the information below,
attach a copy of the facility's current DEA Certificate
& return with fee by May 28, 2010 for priority processing

Name and/or address changes require a new application and supporting documentation; applications are available at <http://www.idaho.gov/bop>

****Contact the Board office if this facility has had a change of ownership****

Since the **LAST RENEWAL** period has applicant(s) had: *(If answer is yes to any of the following attach documentation)*

1. Conviction relating to the distribution of drugs, including samples? No Yes
2. Felony convictions under federal, state or local laws? No Yes
3. 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
4. Have any applications for licensure been denied by any federal, state or local agency? No Yes

Printed name
Pharmacy Manager: _____

Phone: _____ Fax: _____ Email _____

Signature
Pharmacy Manager: _____ Date: _____