



# Idaho State Board of Pharmacy

3380 Americana Terrace #320  
208/334-2356

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Boise ID 83720-0067  
208/334-3536 Fax

## CONTROLLED SUBSTANCE REGISTRATION RENEWAL APPLICATION FOR PRACTITIONERS

**Renewal fee: \$60**  
After 12.31.09 add \$50

CS #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

*Add \$50 late fee if postmarked after 12.31.09 = \$110*

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| **YOUR CURRENT REGISTRATION EXPIRES 12.31.09** |  
| AFTER THIS DATE YOU WILL NO LONGER BE AUTHORIZED TO PRESCRIBE, DISPENSE, |  
ADMINISTER OR STORE CONTROLLED SUBSTANCES IN THE STATE OF IDAHO

- ❖ **Submit a copy of your **Federal** DEA registration, issued to an Idaho address, if you have more than one Federal DEA issued to an Idaho practice address, submit a readable copy of EACH certificate - Renewal will not be processed w/o this documentation**
  - ❖ *If the address on this form is different from the address on your DEA certificate, complete the address change request at <https://www.deadiversion.usdoj.gov/webforms/jsp/regapps/common/updateLogin.jsp> attach a copy of the confirmation to your renewal form-you must use your practice address*
- ❖ **Complete 'Personal Data' section**
- ❖ **Sign and date renewal application – Return by November 28, 2009 for timely processing**
- ❖ **Return to Board of Pharmacy with a fee of \$60.00 & a readable copy of your DEA certificate**

### PERSONAL DATA SECTION

Since the last renewal of my Idaho Controlled Substance Registration:

1. I have been diagnosed or treated for a mental illness, or alcohol or substance abuse issue or other physical condition/s that would impair my ability to perform any of the essential functions of my profession.  No  Yes
2. I have been the subject of a completed or pending administrative action regarding any of my professional licenses, registrations, or the equivalent in this or any state.  No  Yes
3. I have had a license or registration suspended, revoked, surrendered, or otherwise disciplined (including private or non-public stipulation).  No  Yes
4. I have been found guilty, convicted or received a withheld judgment or suspended sentence by a court of competent jurisdiction in this state or any other state for a felony, an act involving moral turpitude or gross immorality, or an act which is otherwise related to the qualifications, functions or duties of a licensee or registrant, or a violation of pharmacy drug laws of this state, rules of the Idaho Board of Pharmacy, or statutes, rules, or regulations of any other state or federal government.  No  Yes

***\*\*If you checked yes to any question above you must submit documentation with this renewal form\*\****

Signature \_\_\_\_\_

Date \_\_\_\_\_