



# Idaho State Board of Pharmacy

3380 Americana Terrace #320  
208/334-2356

PO Box 83720

Boise ID 83720-0067  
208/334-3536 Fax

## CONTROLLED SUBSTANCE REGISTRATION RENEWAL APPLICATION FOR PHARMACISTS

CS #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**RETURN BY NOVEMBER 28, 2009 TO ENSURE TIMELY PROCESSING**

**Renewal fee: \$60 add \$50 late fee if postmarked after 12.31.09= \$110**

- ❖ Complete Parts 1 & 2 below - *Incomplete forms will not be processed*
- ❖ Sign and date renewal application
- ❖ Return to Board of Pharmacy with \$60 fee
  - *postmarked after December 31, 2009 - fee is \$110*

### PART 1: EMPLOYMENT

Primary Employer (business name): \_\_\_\_\_

Location of employment (address/city/state): \_\_\_\_\_

Employing pharmacy's Idaho registration number (if applicable): \_\_\_\_\_

***Do you have more than one employer?  No  Yes, list information on reverse***

### PART 2: PERSONAL DATA

**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 "I have" to questions 2, 3, or 4 above, you must submit documentation with this renewal form\*\****

Signature \_\_\_\_\_

Date \_\_\_\_\_