

State of Idaho Division Of Occupational and Professional Licenses Board of Pharmacy

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

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Idaho Prescription Drug Monitoring Program AWARxE Certification of No Dispensing of Controlled Substances - Resident and Nonresident Drug Outlets

Submit the complete form to PDMP@dopl.idaho.gov	
Name of Pharmacy:	
Idaho Pharmacy License Number:	Pharmacy DEA Number:
Street Address (include City, State & Zip):	
Person in Charge Name:	Person in Charge Email Address:
Person in Charge Idaho Registration/License#:	Person In Charge Phone #:
By signing this form, I certify that:	
My pharmacy does not currently deliver/dispense any drugs covered by the program (Schedule II, III, IV or V controlled substances) to ultimate users who have an Idaho address.	
 If our business practice changes regarding dispensing drugs covered by the program 	
to patients with an Idaho address, we will immediately notify the Idaho Board of	
Pharmacy and begin submitting as required by rule.	
Signature:	Date:
If approved, this form removes the requirement of zero reporting to the Idaho Prescription Monitoring Program unless you begin dispensing controlled substances to ultimate users who have an Idaho address.	

bop-info@dopl.idaho.gov 2023.04.24