



BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

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

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233 ● dopl.idaho.gov

Idaho Board of Pharmacy Facility Name Change Form No Fee

Important: Name changes that resulted from a change in ownership must apply for a new facility registration. Facility name changes must be submitted within thirty (30) days of the change.

Instructions for submitting a Facility Name Change:

Complete the Name Change Form below and email to bop-info@dopl.idaho.gov, including applicable required documents. In the email, you must provide the Idaho license/registration number of the facility, along with the full name (as currently listed with Idaho Board of Pharmacy) and address of the facility.

Additional Required Documents for Facility Name Changes – For Nonresident Facilities Only

All documents must reflect the new facility name

Nonresident Drug Outlets – submit with the Facility Name Change Form

- Resident State License
- Federal DEA Registration (if applicable)
- Copy of Prescription Label

Nonresident Manufacturers, Virtual Manufacturers, Wholesale Distributors, Virtual Wholesale Distributors, Wholesalers LMD – submit with the Facility Name Change Form

- Resident State License

Nonresident Durable Medical Equipment Outlets – submit with the Facility Name Change Form

- Resident State License
- Medicare Accreditation Certificate



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Effective Date of Change: _____ Current Idaho License #: _____

Previous Name: _____

Facility DEA #: _____ Expiration Date: _____

New Name: _____

DBA: _____

Physical Address: _____

City: _____ Zip: _____ + _____

Ph #: _____ Fax #: _____

In-State Idaho Licensed Drug Outlet

Authorized Person Name: _____

Email Address: _____

Out of State Idaho License Drug Outlet

- Non-Resident PIC Registration # PR _____, or
- Designated Representative # DR _____, or
- Contact Person _____

Email Address _____

Printed Name of Authorized Party _____

Signature of Authorized Party _____ Date: _____