

ARIZONA BOARD OF OSTEOPATHIC EXAMINERS

9535 E Doubletree Ranch Road, Scottsdale, AZ 85258

480-657-7703 480 657-7715 (fax)

www.azdo.gov

RENEWAL REGISTRATION TO DISPENSE MEDICATION IN ARIZONA

If you are currently registered to dispense medication from the office and your expiration date is December 31, 2008, you will need to complete the following form in order to continue dispensing after January 1, 2009.

To continue to dispense medication from your office, you must renew your registration by this date and pay the fee of **\$190.80**. Please list all sites where you dispense medication, DEA# for each location with expiration date and drug schedule. The fee covers all locations listed.

*Business Name of Practice where you dispense: (list additional locations on enclosed form)	
Street Address/PO Box	City, State, Zip
Current DEA number if dispensing controlled medications from this location with expiration date and drug schedule:	
If this is a change from the practice address you currently have on file, check here: _____	

AZ law (A.R.S. §32-1871) requires that you register with the Board if you dispense prescription-only drugs or devices (excluding samples) to your patients from your office, clinic, or practice location. This law applies only to doctors practicing in Arizona, not to doctors practicing out of state. It does not apply to doctors who may work in large HMO practices or buildings that also have a pharmacy on-site, as long as that pharmacy has a licensed pharmacist and is under the jurisdiction of the AZ Pharmacy Board.

“Dispense” means a doctor 1) maintains a supply of prescription-only drugs, medications, or devices (excluding manufacturer’s samples), 2) prescribes those for his or her patients, AND 3) sells them to the patient at his or her office, clinic, or practice location in Arizona (or bills a third-party payer for them). If your practice is a non-profit corporation registered with the AZ Corporation Commission and you do not sell the drugs, medications, or devices to your patients, the registration fee is waived.

I hereby attest that the information on this application is true, correct and complete, and I am in compliance with the rules on dispensing (AAC R4-22-107). I understand this registration must be renewed by December 31st of 2009.

Signature _____

Date signed _____

License holder must sign the form; signature stamps are not accepted

ADDITIONAL LOCATIONS

*Business Name of Practice where you dispense:	
Street Address	City, State, Zip
Current DEA number if dispensing controlled medications from this location with expiration date and drug schedule:	

*Business Name of Practice where you dispense:	
Street Address	City, State, Zip
Current DEA number if dispensing controlled medications from this location with expiration date and drug schedule:	

*Business Name of Practice where you dispense:	
Street Address	City, State, Zip
Current DEA number if dispensing controlled medications from this location with expiration date and drug schedule:	

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ISSUANCE FEE OR DOCUMENTATION OF NON-PROFIT STATUS: Check only one:

_____ 1. Completed payment form below to pay **\$190.80** for this registration, valid until **December 31 of 2009**.

OR

_____ 2. Attached copies of documentation filed with Arizona Corporation Commission showing my practice / dispensing is not for profit; therefore the registration fee is waived.

PAYMENT FORM

Payment of **\$190.80** is included with this application.

Make check payable to: Arizona Board of Osteopathic Examiners **or** complete credit card form for payment.

Mail to: 9535 E. Doubletree Ranch Rd., Scottsdale, AZ 85258 or FAX: 480-657-7715

CARD: Visa MasterCard

Name on Card

_____-_____-_____
Card Number

Expiration Date: _____ Amt: \$ _____

CREDIT CARD BILLING ADDRESS:

Address

City/State/Zip

Daytime Phone

Signature

Date