

ARIZONA BOARD OF OSTEOPATHIC EXAMINERS

9535 E Doubletree Ranch Road, Scottsdale, AZ 85258

48-657-7703 * 480 657-7715 (fax)

www.azdo.gov

REGISTRATION TO DISPENSE MEDICATION IN ARIZONA

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.

Please fill out the form below completely. Leave no spaces blank.

| | |
|---|------------------|
| Name (as it appears on your license): | AZ License No: |
| *Business Name of Practice where you dispense: (list additional locations on back) | |
| Street Address | City, State, Zip |
| Office telephone number, with area code | DEA number |
| If this is a change from the practice address you currently have on file, check here: _____ | |

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

_____ 1. Enclosed is payment of \$_____, (from the Prorated Fee Table below) to pay for this initial registration, valid from this month until Dec 31 of this year. Make check payable to: AZ Board of Osteopathic Examiners.

_____ 2. Attached are copies of documentation filed with AZ Corporation Commission showing my practice / dispensing is not for profit; therefore 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 this year, and every year thereafter that I dispense as part of my practice.

Signature _____

Date signed _____

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

| PRORATED REGISTRATION FEE (A.R.S. § 32-1826 (A)(11)) | | | |
|--|----------|-----------|---------|
| January | \$190.80 | July | \$95.40 |
| February | \$174.90 | August | \$79.50 |
| March | \$159.00 | September | \$63.60 |
| April | \$143.10 | October | \$47.70 |
| May | \$127.20 | November | \$31.80 |
| June | \$111.30 | December | \$15.90 |