



ARIZONA MEDICAL BOARD

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664
www.azmd.gov

Initial Registration Fee \$200 (per physician)

Renewal Registration Fee \$150 (per physician)

First Name: Initial: Last Name:

License Number: Specialty:

- Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.
- For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.

PLEASE NOTE

A **separate** DEA license must be submitted for **EACH** location where controlled substances will be dispensed and must be kept current during the registration period.

PRIMARY PRACTICE LOCATION:

DEA# for this location:

Address: City: State: Zip:

Phone: Fax: Email:

- Schedule II Drugs
 Schedule III Drugs
 Schedule IV Drugs
 Schedule V Drugs
 Prescription-Only Drugs
 Prescription Devices
 Nubain

ADDITIONAL PRACTICE LOCATION:

DEA# for this location:

Address: City: State: Zip:

Phone: Fax: Email:

- Schedule II Drugs
 Schedule III Drugs
 Schedule IV Drugs
 Schedule V Drugs
 Prescription-Only Drugs
 Prescription Devices
 Nubain

I am including a second page listing additional locations

Physician Signature:

Date:

Make checks or money orders payable to Arizona Medical Board.
If you wish to pay by payment card, please complete the attached Payment Card Authorization Form

ADDITIONAL PRACTICE LOCATION:

DEA# for this location:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

 Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Prescription-Only Drugs Prescription Devices Nubain

ADDITIONAL PRACTICE LOCATION:

DEA# for this location:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

 Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Prescription-Only Drugs Prescription Devices Nubain

ADDITIONAL PRACTICE LOCATION:

DEA# for this location:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

 Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Prescription-Only Drugs Prescription Devices Nubain

ADDITIONAL PRACTICE LOCATION:

DEA# for this location:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

 Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Prescription-Only Drugs Prescription Devices Nubain

ADDITIONAL PRACTICE LOCATION:

DEA# for this location:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

 Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Prescription-Only Drugs Prescription Devices Nubain

PAYMENT CARD AUTHORIZATION DISPENSING

Initial Registration Fee \$200 (*per physician*)

Renewal Registration Fee \$150 (*per physician*)

Payment for: License #:
(Physician Name)

Type of Card: Visa Mastercard Amex

Card Number: Expiration Date:
(MM-YY)

Name as Shown on Payment Card:

Billing Address of Cardholder:
(Required)

City: State: Zip:

Phone Number of Cardholder:
(Required)

Mailing Address of Cardholder:
(If different from billing address)

City: State: Zip:

Cardholder Signature: Date:
(Required)

Please complete and return this form *with your dispensing registration* if paying by credit card.

Mail to: Arizona Medical Board
1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664

Or Fax to: (480) 551-2707

If you fax your form and fee payment, **DO NOT** mail in the originals as you may be charged a second time.
Thank you!