



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:

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State:

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Fax:

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Email:

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DEA# for this location:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

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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)

The Arizona Medical Board will only accept credit card payment via mail (USPS, FedEx, UPS, or any other mail carrier). Any credit card information received via any other method will not be processed and will be destroyed.

Please complete and return this form *with your dispensing registration and all necessary documents*. Return the application and payment form (credit card form, check or money order) to the address listed below.

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