



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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Schedule II Drugs | <input type="checkbox"/> Schedule III Drugs | <input type="checkbox"/> Schedule IV Drugs | <input type="checkbox"/> Schedule V Drugs |
| <input type="checkbox"/> Prescription-Only Drugs | <input type="checkbox"/> Prescription Devices | <input type="checkbox"/> Nubain | |

ADDITIONAL PRACTICE LOCATION:

DEA# for this location:

Address: City: State: Zip:

Phone: Fax: Email:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Schedule II Drugs | <input type="checkbox"/> Schedule III Drugs | <input type="checkbox"/> Schedule IV Drugs | <input type="checkbox"/> Schedule V Drugs |
| <input type="checkbox"/> Prescription-Only Drugs | <input type="checkbox"/> Prescription Devices | <input type="checkbox"/> 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 REGISTRATION APPLICATION

Please utilize this form if paying with Credit Card.

PLEASE NOTE: The Arizona Medical Board will only accept credit card payment via mail

(USPS, FedEx, UPS, DHL, or any other mail carrier)

Any credit card information received via any other method will not be processed and will be destroyed.

Mail to:

Arizona Medical Board
1740 W Adams St, Suite 4000
Phoenix, AZ 85007

Please choose from the following:

- \$200 Initial Application Fee
 \$150 Renewal Application Fee

First Name: Last Name:

Name as Shown on Payment Card:

Cardholder Signature: Date:
(Required)

Billing Address of Cardholder:
(Required)

City: State: Zip Code:

Contact Phone:

Mailing Address of Cardholder:
(If Different from Billing Address)

City: State: Zip Code:

Note: At the time the application is approved, an additional prorated fee will be required up to \$500. This is in addition to your \$500 application fee, and will cover your license through the next renewal period.

(Official Use Only)
Payment Card Verification (Last 4 Digits)

For receipt, please include an email address for submissions:

(Official Use Only Cut Here)

Type of Card: Visa Mastercard Amex

Card Number: Expiration Date:

(No Dashes Between Numbers)