



# ARIZONA MEDICAL BOARD

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

1740 W. Adams St. Ste. 4000  
Phoenix, AZ 85007-2664  
[www.azmd.gov](http://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:

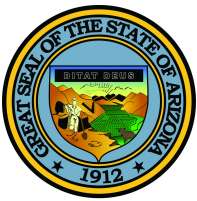
Zip:

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 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 one of 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:

*Last 4 Digits of Payment Card*

For receipt, please include an email address for submissions:

Type of Card:  Visa  Mastercard  Amex

Card Number:  Expiration Date: