



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D., FACP
State Surgeon General

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|--|---------------------------------------|
| <p align="center">PHYSICIAN DISPENSING REGISTRATION</p> <p>NOTE: YOU MAY NOT DISPENSE UNTIL THIS REGISTRATION HAS BEEN APPROVED.</p> <p>Important – Complete one form per licensee.</p> <p><u>A dispensing practitioner shall not dispense a controlled substance listed in Schedule II or III as provided in Section 893.03, F.S. unless exempted from this section by s. 465.0276, FS.</u></p> <p>Dispensing – is defined as selling medicinal drugs to patients in the office. A practitioner who writes prescriptions or provides complimentary professional samples is not a “dispensing practitioner,” and therefore does not need to register with the department.</p> <p>Dispensing fee – The fee for registration as a dispensing practitioner is \$100.00 over and above the required license renewal fee. An annual inspection of your dispensing records will be conducted.</p> <p>Dispensing Approval – You cannot begin dispensing until you are registered</p> | <p align="center">OFFICE USE ONLY</p> |
| PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION | |
| Name & license No: | |
| Facility Name: | |
| Practice Location: | |
| <input type="checkbox"/> Add | Street name and number |
| <input type="checkbox"/> Delete | Zip |
| | City |
| | State |
| Facility Name: | |
| Satellite Location: | |
| <input type="checkbox"/> Add | Street name and number |
| <input type="checkbox"/> Delete | Zip |
| | City |
| | State |

Signature of Physician _____

Date of signature _____

PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE _____ **Effective Date**

ADDING / DELETING DISPENSING LOCATIONS

| PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION | | | |
|---|-------------------------------|------|-------|
| Name & license No: | ME | | |
| Facility Name: | | | |
| Practice Location: | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Street name and number Zip | City | State |
| Facility Name: | | | |
| Satellite Location: | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Street name and number Zip | City | State |
| Facility Name: | | | |
| Satellite Location: | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Street name and number Zip | City | State |
| Facility Name: | | | |
| Satellite Location: | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Street name and number Zip | City | State |

Please submit this request form to:

**Department of Health
Board of Medicine
4052 Bald Cypress Way, Bin # C-03
Tallahassee, FL. 32399-3253
Fax: (850) 488-0596**

Signature of Physician

Date of signature

PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE _____
Effective Date

To cancel dispensing practitioner status from your medical license, the licensee must submit a signed request to the Board office to the address listed above.

Dispensing Laws and Rules

The regulations for dispensing drugs are located on the Department of Health web site at: www.doh.state.fl.us/mqa. Scroll down to the box labeled **Organization Information**. Select; **Rules: Online and Laws: Online**.

Please review the following list of laws and rules prior to dispensing.

| Laws: | Rules: |
|--------------|---------------|
| 456.035 | 64B8-9.012 |
| 456.42 | 64B8-9.013 |
| 456.069 | 64B8-9.014 |
| 465.185 | |
| 465.0276 | |
| 499.005 | |
| 499.007 | |
| 499.028 | |
| 499.0054 | |
| 893.04 | |
| 893.07 | |

If you practice in a pain management clinic, the following statutes and rules apply in addition to those listed above:

| Laws: | Rules: |
|-----------------|--------------------|
| <u>458.3265</u> | <u>64B8-9.0131</u> |