



Katie Hobbs,
Governor

Arizona State Board of Podiatry Examiners

“Protecting the Public’s Health”

1740 West Adams, Suite 3004
Phoenix, Arizona 85007
P: (602)542-8151
W: <https://podiatry.az.gov>

INITIAL REGISTRATION TO DISPENSE DRUGS AND DEVICES

A licensed podiatrist in Arizona is authorized to dispense drugs and/or devices. If you intend to dispense drugs and/or devices in Arizona please complete the below information.

1. PERSONAL DATA

Last Name

First Name

Middle

2. DEA, DISPENSING LOCATIONS, DRUGS AND DEVICES (if applicable)

Do you hold a current United States Drug Enforcement Administration (“DEA”) Certificate of Registration* issued by the Department of Justice under 21 U.S.C. 801, *et seq.* to dispense drugs and/or devices? Yes or No

Please enter your DEA registration number: _____ and

Expiration Date: _____

**You must include a copy of your DEA Certificate of Registration.*

3. Please list the address of each location where you intend to dispense drugs and/or devices:

1. _____
Name of Employer

City

State

Zip Code

2. _____
Name of Employer

City

State

Zip Code

3. _____

Name of Employer

Street Address

Phone Number (include area code)

City

State

Zip Code

4.

Name of Employer

Street Address

Phone Number (include area code)

City

State

Zip Code

4. Please list the types of drugs and/or devices you intend to dispense:

DRUGS:

DEVICES:

_____	_____
_____	_____
_____	_____
_____	_____

**Please include a separate page for more locations, drugs and/or devices.*

I, _____, declare under penalty of perjury that the foregoing is true and correct. I understand that a registration to dispense drugs and/or devices is required prior to dispensing any controlled substances, prescription-only drugs and/or devices. I understand that this registration must be renewed annually and that I have read the requirements for prescribing and dispensing pursuant to A.R.S. § 32-871 and A.A.C. R4-25-603. I affirm that the information contained in this registration form is true and correct to the best of my knowledge and that any false statement herein could result in the suspension, revocation or other disciplinary action against my podiatry license.

Applicant's Signature

Executed on [Date]