



Arizona State Board of Podiatry Examiners  
 "Protecting the Public's Health"

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Douglas A. Ducey,  
 Governor

**INITIAL REGISTRATION TO DISPENSE DRUGS AND DEVICES**

Pursuant to A.A.C. R4-25-602, an individual currently licensed as a podiatrist in the State of Arizona who wishes to dispense drugs and/or devices shall register with the Arizona State Board of Podiatry Examiners the following application, accompanied by the required fee of \$200.00 and a copy of your current United States Drug Enforcement Administration Certificate of Registration issued by the Department of Justice under 21 U.S.C. 801, et seq. Payment can only be made by check, cashier's check or money order made payable to the Arizona State Board of Podiatry Examiners.

**1. PERSONAL DATA FOR LICENSE #:** \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle

**2. DEA, DISPENSING LOCATIONS, DRUGS AND DEVICES**

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.*

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

1. \_\_\_\_\_  
 Name of Employer

\_\_\_\_\_  
 Street Address Phone Number (include area code)

\_\_\_\_\_  
 City State Zip Code

2. \_\_\_\_\_  
 Name of Employer

\_\_\_\_\_  
 Street Address Phone Number (include area code)

\_\_\_\_\_  
 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

**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, \_\_\_\_\_, 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 Date

<b>NOTARY</b>	
State of _____	(Notary Seal Here)
County of _____	
Subscribed and sworn to before me this _____ day of _____, 20____	
_____ Signature of Notary Public	_____ Date Commission Expires