

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Vision: To be the Healthiest State in the Nation

<p style="text-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>OFFICE USE ONLY</p>						
PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION							
Name & license No:	ME						
Facility Name:							
Practice Location:							
<input type="checkbox"/> Add <input type="checkbox"/> Delete	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Street name and number</td> <td style="width: 20%; text-align: center;">City</td> <td style="width: 20%; text-align: right;">State</td> </tr> <tr> <td>Zip</td> <td></td> <td></td> </tr> </table>	Street name and number	City	State	Zip		
Street name and number	City	State					
Zip							
Facility Name:							
Satellite Location:							
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Street name and number	City	State					
Zip							

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:

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