

**Mission:**

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



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

<b>PHYSICIAN DISPENSING REGISTRATION</b>		OFFICE USE ONLY
NOTE: YOU MAY NOT DISPENSE UNTIL THIS REGISTRATION HAS BEEN APPROVED.		
<b>Important</b> – Complete one form per licensee.		
<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>		
<b>Dispensing</b> – 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.		
<b>Dispensing fee</b> – The fee for registration as a dispensing practitioner is <b>\$100.00</b> over and above the required license renewal fee. An annual inspection of your dispensing records will be conducted. Dispensing Approval – You cannot begin dispensing until you are registered		
<b>PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION</b>		
<b>Name &amp; license No:</b>	<b>ME</b>	
<b>Facility Name:</b>		
<b>Practice Location:</b>		
<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>	Street name and number Zip	City State
<b>Facility Name:</b>		
<b>Satellite Location:</b>		
<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>	Street name and number 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	
<b>Name &amp; license No:</b>	<b>ME</b>
<b>Facility Name:</b>	
<b>Practice Location:</b>	
<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>	Street name and number Zip <span style="float: right;">City State</span>
<b>Facility Name:</b>	
<b>Satellite Location:</b>	
<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>	Street name and number Zip <span style="float: right;">City State</span>
<b>Facility Name:</b>	
<b>Satellite Location:</b>	
<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>	Street name and number Zip <span style="float: right;">City State</span>
<b>Facility Name:</b>	
<b>Satellite Location:</b>	
<input type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Delete</b>	Street name and number Zip <span style="float: right;">City State</span>

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](http://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.

<b>Laws:</b>	<b>Rules:</b>
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:

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