

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

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|--|--|
| <p><b>OSTEOPATHIC PHYSICIAN DISPENSING<br/>REGISTRATION</b></p> <p><b><u>YOU MAY NOT DISPENSE UNTIL THIS REGISTRATION HAS BEEN<br/>APPROVED.</u></b></p> <p><b>Important</b> – Complete one form per physician.</p> <p><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.</p> <p><b>Dispensing Fee</b> – The fee for initial registration as a dispensing practitioner is <b>\$100.00</b>. To maintain dispensing status, the fee is \$100.00 over and above the required renewal fee (to be paid during renewal). 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>   |
| <b>PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION</b>  |  |
| <b>Name &amp; license No:</b>  | <b>OS</b>  |
| <b>Facility Name:</b>  |  |
| <b>Practice Location:</b>  |  |
| <input type="checkbox"/> <b>Add</b><br><input type="checkbox"/> <b>Delete</b>  | Street name and number<br>Phone: <span style="float: right;">City</span> <span style="float: right;">State</span> <span style="float: right;">Zip</span> |
| <b>Facility Name:</b>  |  |
| <b>Satellite Location:</b>   |  |
| <input type="checkbox"/> <b>Add</b><br><input type="checkbox"/> <b>Delete</b>  | Street name and number<br>Phone: <span style="float: right;">City</span> <span style="float: right;">State</span> <span style="float: right;">Zip</span> |

Signature of Physician

Date of signature

**PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE** \_\_\_\_\_ **Effective Date**

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## ADDING / DELETING DISPENSING LOCATIONS

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

Please submit this request form to:

**Department of Health  
Board of Osteopathic Medicine  
4052 Bald Cypress Way, Bin # C-06  
Tallahassee, FL. 32399-3256  
Fax: 850-921-6184**

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date of signature

**PLEASE CANCEL MY DISPENSING STATUS EFFECTIVE** \_\_\_\_\_  
Effective Date

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

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## 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.

### **Laws:**

456.035  
456.42  
456.069  
465.185  
465.0276  
459.015  
499.005  
499.007  
499.028  
499.0054  
893.04  
893.07

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

### **Laws:**

459.0137  
459.013  
459.015