Osteopathic Physician Dispensing Application

Board of Osteopathic Medicine
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: FloridasOsteopathicMedicine.gov
Email: MQA.Osteopath@FLHealth.gov
Phone: 850-245-4161
Fax: 850-412-2681

Florida HEALTH

Important Florida Statutes and Rules for Dispensing

Below is a list of Florida laws and rules relevant to dispensing.

Florida Statutes	Florida Administrative Code
456.035	64B15-14.004
456.42	64B15-14.005
456.069	64B15-14.0051
465.185	
465.0276	
499.005	
499.007	
499.028	
499.0054	
893.04	
893.07	

Review Florida Statutes at http://www.leg.state.fl.us/statutes/.

Review Florida Administrative Code at https://www.flrules.org/gateway/Division.asp?DivID=306.

In addition to the statutes and rules above, section (s.) 459.0137, Florida Statutes (F.S.), s. 459.013, F.S., s. 459.015, F.S., apply to practitioners who practice in a pain management clinic.

Osteopathic Physician Dispensing Registration

Board of Osteopathic Medicine
P.O. Box 6330
Tallahassee, FL 32314-6330
Fax: (850) 412-2684
Email: info@floridasosteopathicmedicine.gov

Do Not Write in this Space
For Revenue Receipting Only

Practitioners may not begin dispensing until this registration has been approved. A dispensing practitioner shall not dispense a controlled substance listed in Schedule II or III as provided in s. 893.03, F.S., unless exempted from this section by s. 465.0276, F.S.

Dispensing *is defined as the transfer of possession of medicinal drugs from a physician to a patient in the office. A practitioner who writes prescriptions or provides medicinal drugs labeled as "drug sample" or "complimentary drug" is not a "dispensing practitioner," and therefore does not need to register with the department.*

Dispensing Fee (non-refundable) **$100.00** An annual inspection of your dispensing records will be conducted.

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health.

Name: _____ **Date of Birth:** _____
Last/Surname First Middle MM/DD/YYYY

Florida License Number: OS _____

Primary Practice Location: (Medicinal drugs will be dispensed at the following locations: (attach additional sheets if needed)

_____
Facility Name

_____ _____ _____
Street Suite No. City

_____ _____ _____
State ZIP Telephone (Input without dashes)

Secondary Practice Location: (Medicinal drugs will also be dispensed at the following locations: (attach additional sheets if needed)

_____
Facility Name

_____ _____ _____
Street Suite No. City

_____ _____ _____
State ZIP Telephone (Input without dashes)

Attach additional sheets if you practice at more than two locations.

I certify that the information on this form is true and correct. I dispense medicinal drugs for a fee from the provided practice location(s) and understand that an annual inspection of dispensing records will be conducted.

Signature _____ Date _____
You may print out this application and sign it or sign it digitally. MM/DD/YYYY

Cancel my dispensing registration effective: _____
MM/DD/YYYY

Osteopathic Physician Dispensing Registration

Board of Osteopathic Medicine
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32399-3257
Fax: (850) 412-2684
Email: info@floridasosteopathicmedicine.gov

Adding/Deleting Dispensing Locations

Name: _____ **Date of Birth:**_____
Last/Surname First Middle MM/DD/YYYY

Florida License Number: OS _____

Primary Practice Location: Add Delete

_____
Facility Name

_____ _____ _____
Street Suite No. City

_____ _____ _____
State ZIP Telephone (Input without dashes)

Secondary Practice Location: Add Delete

_____
Facility Name

_____ _____ _____
Street Suite No. City

_____ _____ _____
State ZIP Telephone (Input without dashes)

Attach additional sheets if necessary.

I certify that the information on this form is true and correct. I dispense medicinal drugs for a fee from the provided practice location(s) and understand that an annual inspection of dispensing records will be conducted.

Signature _____ Date _____
You may print out this application and sign it or sign it digitally. MM/DD/YYYY

Cancel my dispensing registration effective: _____
MM/DD/YYYY