

<b>DISPENSING PRACTITIONER REGISTRATION</b>	OFFICE USE ONLY
<p><b>Important</b> – Complete one form per licensee.</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 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.</p>	

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION**

<b>Name:</b>				
<b>License Number:</b>				
<b>Mailing Address:</b>				
<b>Only practice locations are published on the Internet.</b>				
<b>I will be dispensing medication at the following locations: (attach additional sheets if needed)</b>				
<b>Phone Number:</b>				
<b>1<sup>st</sup> Practice Location:</b>				
	Street name and number	City	State	Zip
<b>Phone Number:</b>				
<b>2<sup>nd</sup> Practice Location:</b>				
	Street name and number	City	State	Zip

Please submit this request form and the dispensing fee to the:

**Department of Health  
Board of Podiatric Medicine  
P.O. Box 6320  
Tallahassee, FL. 32314-6320**

Signature of Podiatrist

Date of signature

To cancel dispensing practitioner status from your podiatry license, the licensee must submit a signed, written request to the Board office to the address listed below.