



# Podiatric Application for Dispensing Practitioner Registration

Board of Podiatric Medicine  
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Do Not Write in this Space  
For Revenue Receiving Only

*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            \$100.00**

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

**License Number:** \_\_\_\_\_

**Mailing Address:** (The address where mail and your license should be sent)

\_\_\_\_\_  
Street/P.O. Box                      Apt. No.    City  
\_\_\_\_\_  
State                      ZIP                      Country                      Home/Cell Telephone (Input without dashes)

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

\_\_\_\_\_  
Street/P.O. Box                      Suite No.    City  
\_\_\_\_\_  
State                      ZIP                      Country                      Work/Cell Telephone (Input without dashes)

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

\_\_\_\_\_  
Street/P.O. Box                      Suite No.    City  
\_\_\_\_\_  
State                      ZIP                      Country                      Work/Cell Telephone (Input without dashes)

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.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM/DD/YYYY

To cancel dispensing practitioner status, the licensee must submit a signed, written request to the board office.