



ARIZONA STATE BOARD OF HOMEOPATHIC and INTEGRATED MEDICINE EXAMINERS

Janice K. Brewer
Governor

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Todd Rowe, MD, MD(H)
President

APPLICATION FOR DISPENSING PERMIT AND/OR ANNUAL RENEWAL

CHECK ONE: _____ Initial Registration (\$200) _____ Renewal Permit (\$200)

Homeopathic Physician License Number: _____ (if new, indicate "pending")

Physician Name _____

Clinic Name and Address _____

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City _____ State _____ Zipcode _____

Address where drugs are dispensed if different from above _____

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Do you intend to dispense controlled drugs from any of the practice location(s) indicated? Yes () No ()

DEA registration number _____ (**Attach copy of registration**)
If you do not dispense controlled substances you are not be required to provide DEA registration.

Has any complaint or action been taken against you by any court or federal or state agency for the dispensing of any device, substance or drug? Yes () No ()
If yes, attach a separate sheet of paper and list the name and address of the court, federal or state agency in which the complaint was filed; include official documentation of any action taken by the court, federal, or state agency.

Please check all items that you dispense as part of your homeopathic practice:

- _____ Legend pharmaceuticals
- _____ Controlled drugs
- _____ OTC pharmaceuticals (e.g.: aspirin, Ibuprofen, Phenylpropanolamine)
- _____ Homeopathic remedies prescribed for diagnosed health problems
- _____ Homeopathic remedies sold for OTC indications
- _____ Natural substances (vitamins, minerals, herbal substances)
- _____ Prescription devices (TENS units, home traction units, etc.)
- _____ Nonprescription devices

Please include a check or money order payable to *Board of Homeopathic and Integrated Medicine Examiners.*

I understand that this fee is not refundable.

I, the undersigned, do hereby attest that the information given above is complete, true and correct.

Signature of Physician

Date Signed