



Arizona State Board of Dental Examiners

“Caring for the Public’s Dental
Health and Professional Standards”

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REGISTRATION TO DISPENSE DRUGS AND DEVICES

Pursuant to A.A.C. R4-11-1406, a dentist currently licensed to practice dentistry in Arizona may dispense controlled substances, prescription-only drugs and/or prescription-only devices for profit only if the dentist completes a registration form and provides a copy of your current United States Drug Enforcement Administration Certificate of Registration issued by the Department of Justice under 21 U.S.C. 801, et seq. for each dispensing location. The dispensing of drugs does *not* include schedule controlled substances that are opioids.

LICENSEE IDENTIFICATION

Last Name

First Name

Middle Name or Initial

I do not have a middle name/initial

Current Dentist License Number

DRUG ENFORCEMENT ADMINISTRATION

Do you hold a current United States Drug Enforcement Administration (“DEA”) Certificate of Registration?

DEA registration number: _____ and Expiration Date: _____

Please include a copy of your DEA Certificate of Registration and attach here:

ADDRESS(ES)

Please list the address of each location where you desire to dispense drugs and/or devices for profit

1. _____
Name of Business Entity/Practice

Street Address

Phone

City

State

Zip Code

2. _____
Name of Business Entity/Practice

Street Address

Phone

City

State

Zip Code

3. _____
Name of Business Entity/Practice

Street Address

Phone

City

State

Zip Code

If you have more than three locations, please include a separate document and attach here:

DRUGS AND DEVICES

Please list all types of drugs and/or devices you intend to dispense for profit

DRUGS:

DEVICES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you need more space than the space provided, please include a separate document and attach here:

I declare under penalty of perjury that the foregoing is true and correct. I understand that a registration to dispense drugs and/or devices is required prior to dispensing any controlled substances, prescription-only drugs and/or prescription-only devices for profit – from my practice location. I understand that this registration must be renewed with my triennial license and that I have read the requirements for prescribing and dispensing pursuant to A.R.S. § 32-1298 and Article 14 of the Board’s Administrative Code (A.A.C. R4-11-1401 – R4-11-1406). I affirm that the information contained in this registration form is true and correct to the best of my knowledge and that any false statement herein could result in the suspension, revocation or other disciplinary action against my dentist license.

Date