



INITIAL REGISTRATION TO DISPENSE MEDICATION FORM

Use this form if you are applying for a Dispensing Physician Registration for the first time, or if you allowed your Dispensing Physician Registration to expire.

In accordance with A.R.S. § 41-1030 The Board is required to notify you of the following:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

PLEASE NOTE: A separate DEA certificate must be submitted for EACH location where scheduled drugs will be dispensed and must be kept current for that location during the registration period

PLEASE TYPE OR PRINT - IF PDF, FORM FIELDS CAN BE FILLED IN ELECTRONICALLY

Physician Name: Sarah M. Valliere D.O. Date: 11/25/2019 License # 008014

Licensee DEA Certificate #: _____ Issue Date: _____ Expiration Date: _____

E-mail (required--your certificate(s) will be sent to you by email): _____

PRIMARY PRACTICE: LIST YOUR PRIMARY PRACTICE BELOW. LIST ANY ADDITIONAL LOCATIONS ON THE SECOND PAGE OF THIS FORM.

Name of Primary Practice: Planned Parenthood

Street Address: 1837 E. Baseline Road Phone #: 602.277.7526

City/State/Zip: Tempe, AZ 85283 Fax #: 602.296.0154

DEA # for This Location: _____ Issued Date: 10-17-2019 Exp Date: 05-31-2022

- Schedule 2 Drugs Beginning April 26, 2018, prescribers can no longer dispense schedule II opioids, except for MAT for substance abuse. Schedule 4 Drugs Prescription Only Drugs
 Schedule 3 Drugs Schedule 5 Drugs Prescription Devices

\$ 240 prorated fee for Initial Registration to Dispense for the current calendar year, valid until December 31 of the current year (Please use the fee table at the bottom of the form to determine your fee requirements)

My practice / dispensing is not for profit. (Include documentation of your organization's current 501(c)(3) status in order to qualify for the fee waiver)

INITIAL PRORATED REGISTRATION FEE (A.R.S. §32-1826(A)(1))			
January	\$240.00	July	\$120.00
February	\$220.00	August	\$100.00
March	\$200.00	September	\$ 80.00
April	\$180.00	October (registration thru Dec next year)	\$240.00
May	\$160.00	November (registration thru Dec next year)	\$240.00
June	\$140.00	December (registration thru Dec next year)	\$240.00

I hereby attest that I am in compliance with the laws and rules regarding dispensing. I understand this registration expires on December 31st if not renewed.

Physician Signature: _____ Date signed: 11/25/2019