

Dispensing Fee

\$100.00

## **Podiatric Application for Dispensing Practitioner Registration**

**Board of Podiatric Medicine** P.O. Box 6330 Tallahassee, FL 32314-6330 Fax: (850) 413-6982 Email: info@floridaspodiatricmedicine.gov

Do Not Write in this Space For Revenue Receipting 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.

Name:				Date of Birth:	
Last/Surname	First		Middle	MM/DD/YYYY	
icense Number:					
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Street/P.O. Box	on: (Medicinal drugs will a	Country d correct. I disp	Ste. No.	wing locations: (attach additional sheets if ne  City  Work/Cell Telephone (Input without dashed)  cinal drugs for a fee from the provided	

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