Florida HEALTH

Dental Dispensing Registration

Board *of* Dentistry
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: FloridasDentistry.gov
Email: MQA.Dentistry@FLHealth.gov
Phone: 850-245-4474
Fax: 850-921-5389

Important Florida Statutes and Rules for Dispensing

Below is a list of Florida laws and rules relevant to dispensing.

Florida Statutes	Florida Administrative Code
456.035	64B5-7.009
456.42	64B5-13.005
456.069	
465.185	
465.0276	
466.017	
499.005	
499.007	
499.028	
499.0054	
893.04	
893.07	

Review Florida Statutes at Leg.State.FL.US/Statutes.

Review Florida Administrative Code at FLRules.org/Gateway/Division.asp?DivID=328.

Dental Dispensing Registration

Board of Dentistry
P.O. Box 6330
Tallahassee, FL 32314-6330
Fax: 850-921-5389
Email: MQA.Dentistry@FLHealth.gov

Do Not Write in this Space
For Revenue Receipting Only

Practitioners may not begin dispensing until this registration has been approved. A dispensing practitioner shall not dispense a controlled substance listed in Schedule II or III as provided in section 893.03, Florida Statutes, unless exempted from this section by section 465.0276, Florida Statutes.

***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 (non-refundable) **$100.00** An annual inspection of your dispensing records will be conducted.

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

Florida License Number: DN _____

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

_____
Facility Name

_____ _____ _____
Street Suite No. City

_____ _____ _____
State ZIP Telephone

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

_____
Facility Name

_____ _____ _____
Street Suite No. City

_____ _____ _____
State ZIP Telephone

Attach additional sheets if you practice at more than two locations.

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.

Signature _____ Date _____
You may print out this application and sign it or sign digitally. MM/DD/YYYY

Cancel my dispensing registration effective: _____

MM/DD/YYYY

Dental Dispensing Registration - Address Update

Board of Dentistry
4052 Bald Cypress Way, Bin C-04
Tallahassee, FL 32399-3258
Fax: 850-921-5389
Email: MQA.Dentistry@FLHealth.gov

Adding / Deleting Dispensing Locations

Name: _____ **Date of Birth:** _____
Last/Surname First Middle MM/DD/YYYY

Florida License Number: DN _____

Primary Practice Location: Add Delete

_____
Facility Name

_____ _____ _____
Street Suite No. City

_____ _____ _____
State ZIP Telephone

Secondary Practice Location: Add Delete

_____
Facility Name

_____ _____ _____
Street Suite No. City

_____ _____ _____
State ZIP Telephone

Attach additional sheets if necessary.

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.

Signature _____ Date _____
You may print out this application and sign it or sign digitally. MM/DD/YYYY

Cancel my dispensing registration effective: _____
MM/DD/YYYY