



State of Utah

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
 Salt Lake City, Utah 84114-6741
 Telephone (801) 530-6628
www.dopl.utah.gov

ONLINE CONTRACT PHARMACY DRUG DISPENSING REQUEST/CHANGE

(Note: Microsoft Word users can fill in the blanks, print the form and save it for their records)

*****Please list the full legal name*****

Name of Pharmacy:		Pharmacy License Number:	
Physical Address:		Tax ID (FEIN/ITIN):	
City:		State:	ZIP Code:
Phone #:	FAX #:	E-Mail:	

Pharmacist in Charge *(Use additional sheets if necessary.)*

Last Name:		First Name:		Middle Name:
Controlled Substance License Number:		State of Licensure:	Pharmacist License Number:	
Mailing Address:				
City:		State:	ZIP:	
Phone #:		E-Mail:		
Signature of Pharmacist in Charge:			Date of Signature:	

Please list all Drugs(s) to be **Added, Removed,** or to **Remain.**

Add	Remove	Remain	Drug
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	finasteride <i>(i.e. Propecia, Proscar)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hormonal based contraception <i>(i.e. Ortho-cyclen)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hydroquinone up to 4% <i>(i.e. Tazorac Top)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sildenafil citrate <i>(i.e. Viagra)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tadalafil <i>(i.e. Cialis)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tretinoin up to 0.1% <i>(i.e. Retin-A)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vardenafil hydrochlorid <i>(i.e. Levitra)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	varenicline <i>(i.e. Chantix)</i>

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved/Denied: ___/___/___ by _____

Reason for Denial/Other Comments: _____

ONLINE CONTRACT PHARMACY DRUG DEPESENING REQUEST/CHANGE

Application Checklist <i>(Applications with incomplete attachments will not be considered and may be denied.)</i>	
<input type="checkbox"/>	Complete all sections of the application.
<input type="checkbox"/>	Identify ALL drugs to be added, remain or be removed
<input type="checkbox"/>	If adding drug(s), submit copies of the branching questionnaire/assessment tool for questions pertaining to new medications.

1. **Address of Record:** The address you provide on this application will be your address of record. You are responsible to directly notify DOPL of any change to your address of record.
2. **Laws and Rules:** You are required to understand Utah laws and rules pertaining to your practice. The following laws and rules are available on the Internet at www.dopl.utah.gov:

3. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

4. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah