



<p align="center">DISPENSING PRACTITIONER REGISTRATION</p> <p>Important – Complete one form per licensee.</p> <p>Dispensing – is defined as selling medicinal drugs to patients in the office. A practitioner who writes prescriptions or provides complimentary professional samples is not a “dispensing practitioner,” and therefore does not need to register with the department.</p> <p>Dispensing fee – The fee for registration as a dispensing practitioner is \$100.00 over and above the required license renewal fee. An annual inspection of your dispensing records will be conducted.</p>	<p>OFFICE USE ONLY</p>
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PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Name:	
License Number:	
Mailing Address:	

Only practice locations are published on the Internet.

I will be dispensing medication at the following locations: (attach additional sheets if needed)

Phone Number:				
1st Practice Location:				
	Street name and number	City	State	Zip

Phone Number:				
2nd Practice Location:				
	Street name and number	City	State	Zip

Please submit this request form and the dispensing fee to the: **Department of Health**
Board of Optometry
P.O. Box 6320
Tallahassee, FL. 32314-6320

Optometrist Signature _____ **Date of signature** _____

To cancel dispensing practitioner status from your optometry license, the licensee must submit a signed, written request to the Board office to the address listed below.