



STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

4201 Patterson Ave • Baltimore, MD 21215-2299 • Phone: 410-764-4785 • Fax: 410-358-3083

APPLICATION FOR DISPENSING PERMIT

In accordance with the requirements set forth in COMAR 10.13.01, I hereby submit the following application to be issued a permit to dispense prescription drugs to patients in my practice:

1. Name: _____
Last First Middle
2. Mailing Address: _____
Street Address

City State Zip
3. Telephone Number: _____
4. Maryland License Number: _____ Date of Expiration: _____
5. Maryland Controlled Dangerous Substances Permit Number: _____
6. Maryland Controlled Dangerous Substance Permit Expiration Date: _____
7. I hereby certify that I, _____,
Print Name

Maryland licensed Podiatrist shall comply with the dispensing requirement set forth in Regulation .04 of the above-references chapter. I further certify that I am thoroughly familiar with the statute and regulations which govern dispensing of prescription drugs set forth in the Health Occupations Article, Title 12, Annotated Code of Maryland, and COMAR 10.40.03.02.

Signed: _____
Signature of Applicant

Please include the \$50.00 application fee, payable to the Board of Podiatric Medical Examiners and send completed form to the above address. Please DO NOT send cash.