



Idaho State Board of Pharmacy

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 <http://bop.idaho.gov>
P.O. Box 83720 Boise, Idaho 83720-0067 208.334.2356 208.334.3536 fax

Change of Address

Effective Date: _____

Registration/License Number: _____

Name: _____

NEW HOME ADDRESS:

Street: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone _____ Alternate Phone _____

NEW MAILING ADDRESS (If different from above):

Street: _____

City: _____ State: _____ Zip Code: _____

NEW PLACE OF EMPLOYMENT (if applicable)

Effective Date: _____

Pharmacy License # _____ Pharmacy Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Complete and fax to 208.334.2363 or mail to the Board office or you may submit the information by email to info@bop.idaho.gov